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ABSTRACT

A framework is proposed by which Oregon will provide professional leadership and funds to assist community programs for the mentally retarded. Following a rationale for such services, an inventory of existing programs in each of five designated state regions is presented. On maps of each region are indicated locations of various types of programs: classes for trainable (moderately) retarded, day care centers, activity centers, sheltered workshops, adult group homes, foster homes, and evaluation and planning efforts. Suggested legislation and recommendations for implementation are accompanied by statistical data on retarded Oregon residents currently participating in programs, and by cost estimates for each type of program. (KW)

ED041435

RATIONALE AND PROPOSAL FOR SERVICES TO THE MENTALLY RETARDED IN OREGON

EC006135

Report of

Governor's Committee on Mental Retardation

June 1968

ED041435

A Rationale for Services

To the Mentally Retarded in Oregon

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Governor's Committee on Mental Retardation

June 1968

In January 1966 the work of some 300 Oregon citizens culminated in a comprehensive plan for mental retardation called "FIRST STEPS". Identified as a basic need was a program of state and community partnership in assisting mentally handicapped people in their home communities.

In May of 1967 Governor McCall appointed the Governor's Committee on Mental Retardation to implement the comprehensive M.R. plan. The following proposal has been designed to form the framework by which most of the proposals within "FIRST STEPS" will be implemented. It is a proposal by which the state will provide professional leadership and participating funds to work with communities in helping our retarded people to help themselves.

The first steps have been taken--sound planning. The second step is herein proposed. The steps to follow will depend upon the devoted interest, ingenuity, and hard work of many people throughout our state. The future lives of mentally handicapped people in every corner of Oregon will depend upon the steps we will take.

There are mentally handicapped people living in every community of our state. With a degree of special help from the community at key times in their lives they can lead useful lives as workers, neighbors, and friends. Without such help, the alternative is to remove all handicapped from our midst, gather them together, and keep them, often for the rest of their lives. In dollars, help in the community costs one-third the cost of institutional care.

The mentally handicapped people are people first and handicapped secondly. Ninety-five percent of these handicapped people have personalities that are best developed in the give and take of daily life with the average public.

The Rationale for Services

They do need to be taught when they are young, they need a job or occupation when they are adult, and housing, food, and friends. They need a chance to be individuals. They have weaknesses or "handicaps" but no two people are exactly the same fashion. Are retarded slow? Often, but some are very quick--sometimes in speech, sometimes in actions. Are retarded poorly coordinated? Often, but not always. Some outstanding athletes have developed from high school special education programs. Do retarded have physical defects? Many do, but most are correctable as with the average population. Are retarded people mentally ill? Sometimes, but their mental illness responds to treatment as does that of the normal population. Are most retarded people delinquents? No, but some are as are some people in the average population. Except for a very small percentage, the retarded person is like an average person. On a personality score card he has pluses and minuses showing strengths and weaknesses. Except he always has a minus in the column for intellect.

Research and study have not found ways to change that minus to a plus. But research, study and community work have shown ways to make many more pluses on the score card; in many cases enough to over compensate for that one minus in the intellect column. These are the things that are being done for handicapped people at key times in their lives in communities across our land:

Young Children

Young children as early as two or three years of age learn much more rapidly in groups with a teacher who is trained to give deliberate attention to helping them develop their senses--to see, hear, touch. and smell. The children begin to learn to communicate with others because they are with other similar children doing things together that are directed (planned) by the teacher.

Children

All children go to school. That is to say all children are entitled to the chance to be with a person trained to help them develop individual personalities.

Study has developed "normal" developmental traits and normal children are usually grouped according to these traits. These groupings are called classes. A group of two year old children is usually toilet trained, has a sizable vocabulary, and is very interested in playthings. A group of six year olds have developed a social sense and can begin to understand abstract symbols that stand for words.

A retarded child has not developed at the usual (normal) rate. If the rate of development is different enough the child may require a standard of grouping other than that usually used (age). This adjustment of the school situation to fit the special case is usually called special education. Special education allows the ten year old boy with a retarded ability of a seven year old to work at a seven year old's pace. Especially in the advanced school years many schools form sub-groupings within the special education group. These groups are for ease and efficiency of teaching.

We also find retarded children grouped by age. Those retarded who do not progress at the usual retarded rate are often separated off into groups of their own called trainable groups. Some handicapped are often further grouped into "day care" because of lack of toilet training in many cases. The children in trainable groups usually progress slowly enough to be considered incapable of learning enough of abstract symbols like words and numbers to do academic work. Their learning takes place without the benefit of reading and writing and is usually centered around actual experiences. The more capable retarded, grouped in classes often referred to as "educable", are usually able to grasp enough reading to live independently in the community after finishing school and getting some

assistance with job training and job finding.

Thus, we find the mentally handicapped needing an education like the average person but in an educational setting that has made some adjustments from the routine, from the norm.

Adult

What happens to the retarded person when he finishes school? The adult retarded person has the same needs as the normal person--food, shelter, friends, purpose, occupation. The normally intelligent person sometimes needs community help in finding one or more of these needs. The retarded person usually needs such help at some point of time and often for a brief duration of time.

Planned programs of community assistance to adult retarded people are known by different names from place to place and vary in quality and quantity of service. Essentially, the programs provide occupation and housing. In most cases these programs assist handicapped people in becoming wage earners and taxpayers who otherwise would be in expensive institutional care.

That period when it appears that the parental home will no longer be available to the retarded person is a key point in time. This occurs as parents of retarded become older and become concerned about the future of a son or daughter after their deaths. It is at this point that a retarded person who has lead an ordinary, productive life in the community is removed from familiar surroundings and friends, and placed in an institution. When the only care needed is food, lodging, and occupation, this is best provided in the community. Hostels, group homes, halfway houses, and residential villages are names of forms of housing and care.

Sheltered workshops are a comprehensive source of work for all handicapped people.

While some larger cities have formal, city park recreational programs for handicapped people, there are many informal volunteer organizations that organize recreational opportunities for those handicapped needing this help.

Plan for Action

While we now have well developed documentation of the fact that most retarded people can develop and lead productive lives in the community with help, we find such attempts to help either completely lacking in large sections of our state or not organized nor sequential in sections where some programs exist. This situation stems from the fact that the services that exist are spotted through several agencies or little groups of interested citizens. No one group or agency has the responsibility for the mentally retarded persons. Programs that do exist are committed

to a particular aspect or period of time in a retarded person's life.

The plan calls for knowledgeable leadership and state-community responsibility in funding a range of programs where needed to assist the retarded people. We suggest placing the leadership in strategic locations to serve and assist groups and agencies providing a service to the mentally retarded.

We suggest, at this time, the establishment of five regional offices in the five largest cities of the state. The goal for the personnel in these offices will be: (1) To assist existing programs in providing a service to the mentally retarded--to grow toward standards designed for the various kinds of programming recognized as needed for the retarded. (2) To encourage and assist communities in establishing or increasing programs or increasing the size of existing programs--to allow greater numbers of retarded to find the necessary program assistance to enable them to continue living a productive life in their own communities.

The program standards are to be developed and revised by a knowledgeable group advisory to the Mental Health Division. State funds will be used to assist programs in improvement toward the goal of meeting the standards set for them. The availability of state funds will encourage other groups, agencies, etc., to enlarge present programs (itemized in the following section), and to encourage the enlargement of present programs and the development of new ones where needed. An immediate goal is a ten percent increase in the number of retarded in the various programs available.

It is further suggested that, with the acceptance of this proposal, the five regional offices would be phased in on a quarterly basis beginning September 1969. It is further suggested that budget amounts for program services be allocated to the five regions of the state on a per capita basis. The first biennial budget request reflects the necessity of phasing in this program on a regional basis.

In the immediate future, if this proposal meets with acceptance from the Governor's office, the Governor's Committee on Mental Retardation suggests they have permission to provide some state-wide leadership in explaining the details of the Governor's program for community services to the retarded in a series of regional meetings held in cooperation with local interested organizations. It is essential that the people fully understand how this program is designed to assist the needs of growing numbers of mentally retarded people in their communities.

Inventory

Oregon has benefited by an enlightened attitude toward the mentally retarded that has swept the United States. Programs for retarded people have developed in our communities. The largest single program is the state supported program of classes for educable children in the public schools. Most other programs are operated by private non-profit groups operating on a month-to-month

basis. These programs need planned expansion to serve more people and upgrading to better utilize more recent knowledge about the abilities of retarded children and adults.

Of the existing classroom programs for trainable retarded children listed on the following pages, all but four (in public schools) are organized and funded by parent groups. In most cases parents must pay high tuition rates to support these classes or attempt to train their children at home. The classes for trainable are also supported by rummage sales, candy sales, card parties, and appeals to civic organizations.

The programs are separate, often isolated and have been organized (often by a few people) to serve a special group of people in a very limited way. The most common of these programs is a classroom situation with one or two adults with little formal training who care for a group of trainable retarded children, ranging from 4 to 25 in age, who have not been accepted by the local schools. The four year old should be in a day care program, the twenty-five year old should be in an activity center or a workshop and developmental activities should be planned for the betterment of these handicapped people.

There are 30 such programs in Oregon. There are 20 sheltered workshops for all disabled people. In only one or two instances do workshops have any affiliation or coordination with trainable classes or day care programs.

Thus, we may find a handicapped person at the age of 17 without any prospects for the future because he has attended a privately operated one room school with a maximum acceptable age of 16. At the present time no knowledgeable person or agency is responsible for assisting the retarded person or the family of a retarded person who finds arbitrary rules or regulations that exclude him from existing programs. This would be one of several major functions of a Regional M.R. office.

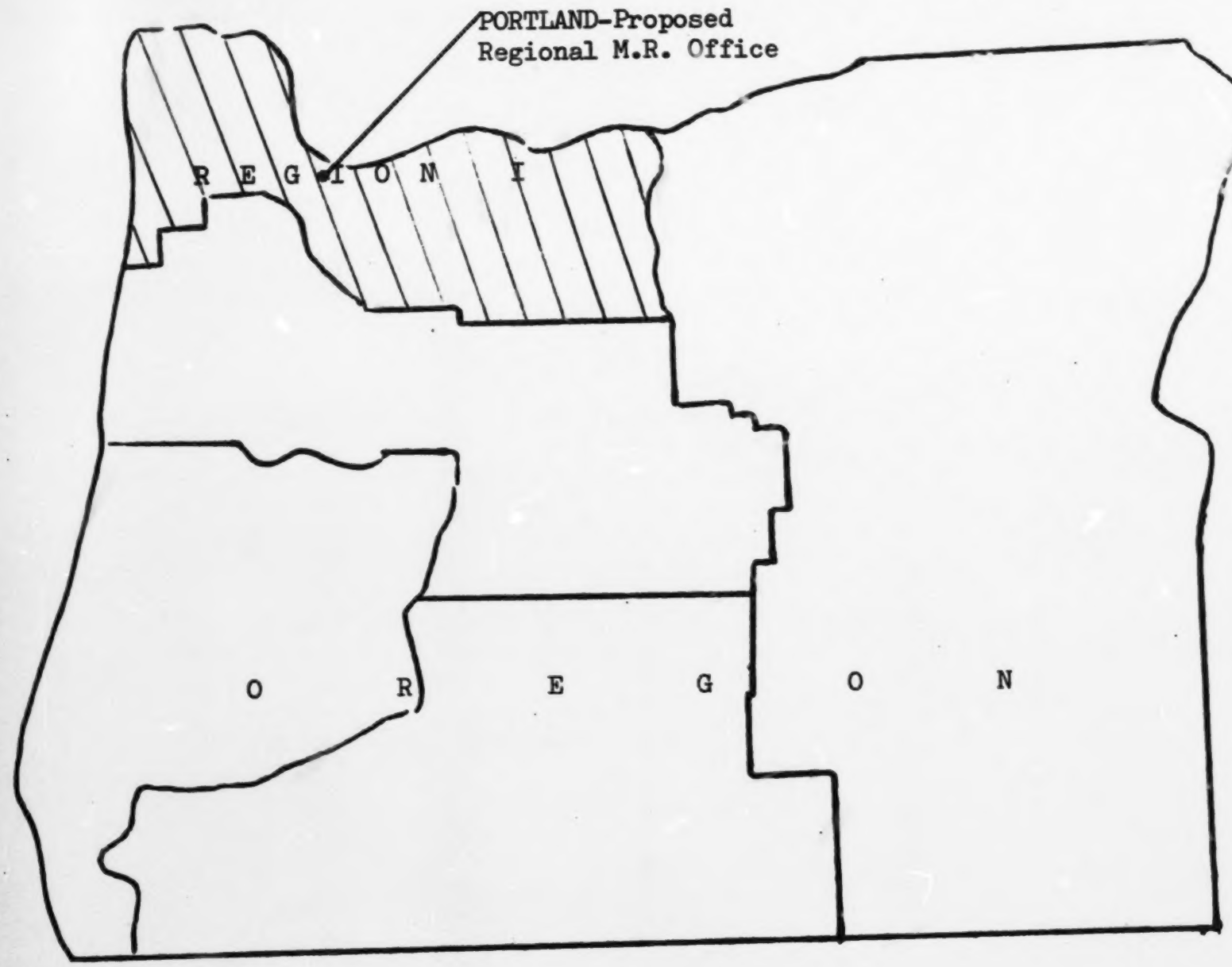
While Oregon does have mandatory class programs for educable retarded in most of its school districts, these programs exist without the necessary pre-school and post-school programs to provide a continuity of help in most communities.

Regional Situation--Existing Programs

An examination of Oregon's five designated regions may prove helpful in determining the need for professional direction of services and the need for state participating funds.

Keep in mind that this is a proposal for providing state partnership with community programs. These are programs now in existence in our state. These are the programs that today are in need of professional leadership in most cases, and state participating funds in all cases.

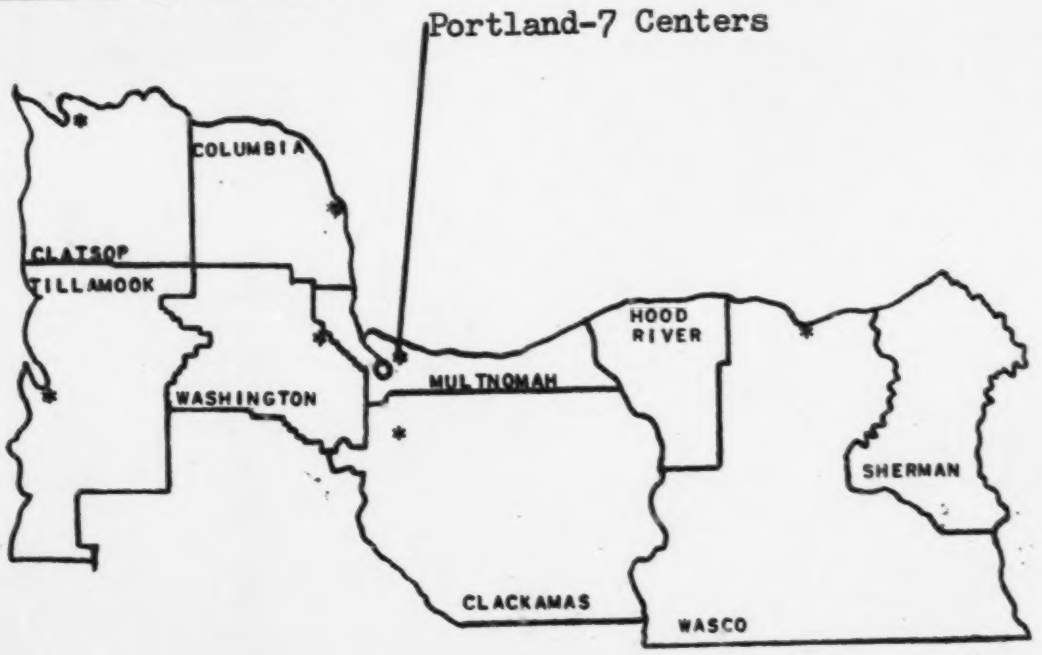
Region I



This region consists of Tillamook, Clatsop, Columbia, Washington, Multnomah, Clackamas, Hood River, Wasco, and Sherman Counties. Multnomah County is the population center with 541,000 people. Total regional population is about 900,000. Each of these counties, with the exception of Sherman, have a community Association for Retarded Children that is affiliated with a state office, the Oregon Association for Retarded Children. In several counties these community associations and other small incorporated groups attempt to maintain non-profit programs for retarded people.

Classes for Trainable Retarded

Region I



There are trainable (moderately) retarded children in:

Clackamas County:
*Clackamas Child Training Center-22 children

Washington County:
*Retarded Children's Center-30 children

Clatsop County[1]:
*Clatsop County IED contract to public school district 1-C-12 children

Wasco County:
*School of Hope-3 children

Multnomah County:
*Timmy Educational Center-18 children
*Pilot Educational Program-54 children
*Emily School for Retarded-27 children
*Roecker Day School-31 children
*Morningside Hospital-6 children
*Happy Hollow Children's Center-23 children
*Portland Children's Center-67 children

Columbia County:
*Activity Center for Trainable Retarded-12 children

Tillamook County[1]:
*Tillamook County IED-10 children

The Clackamas Child Training Center is a demonstration program with state funding that terminates June 30, 1969. Except for Morningside Hospital and the indicated public school programs, these classes are operated by parents and using much volunteer help at the present time.

[1] Public School Program

Evaluation and Planning Service

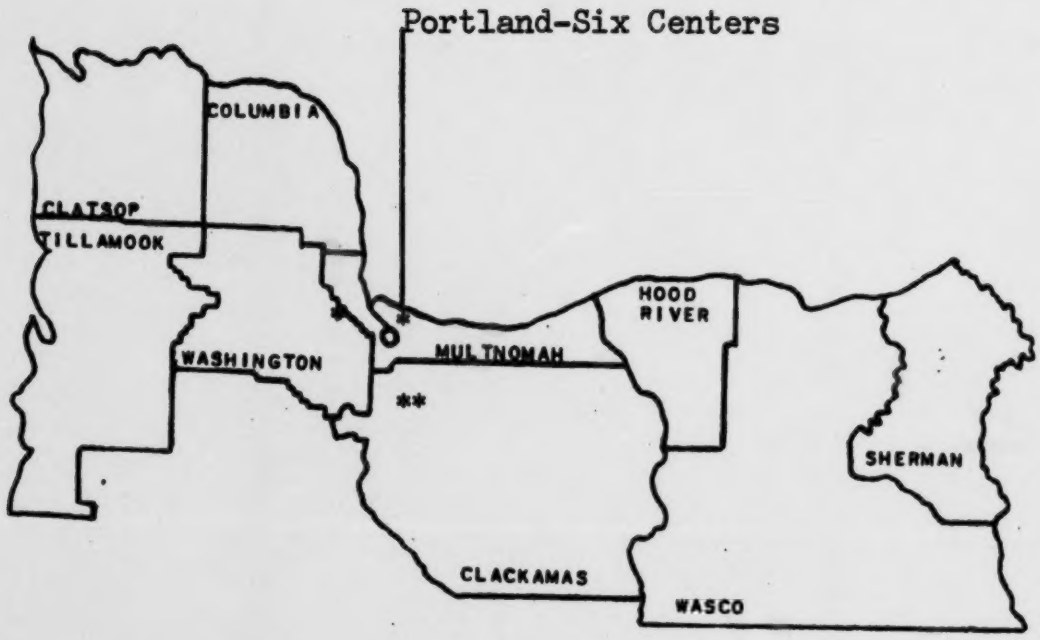
Region I

+ There are two Child Development Clinics in Hillsboro and Oregon City that serve Washington and Clackamas Counties. Child Development Clinics are eligible for federal diminishing funds and operate on a county budget. They do not treat or educate but do diagnose to provide information for medical or psychological treatment and educational or vocational planning.

* Four Mental Health Division Community Clinics offer diagnostic services and counseling to parents. The diagnostic services are primarily psychological. The four clinics are in: St. Helens (Columbia County), Hood River (Hood River and Wasco Counties), Tillamook (Tillamook County) and Portland (Multnomah). There are also Community Mental Health Clinics in Clackamas, Clatsop, Washington Counties that have not elected to provide services to the retarded.

Day Care

Region I



In Region I there are four Day Care Centers that identify themselves as such and five of the above centers for trainable classes that include children classified for Day Care. We have Day Care in:

Clackamas County:
*Oregon City Cooperative Pre-School[2] -4 children
*Valley Community Pre-School[2] -2 children

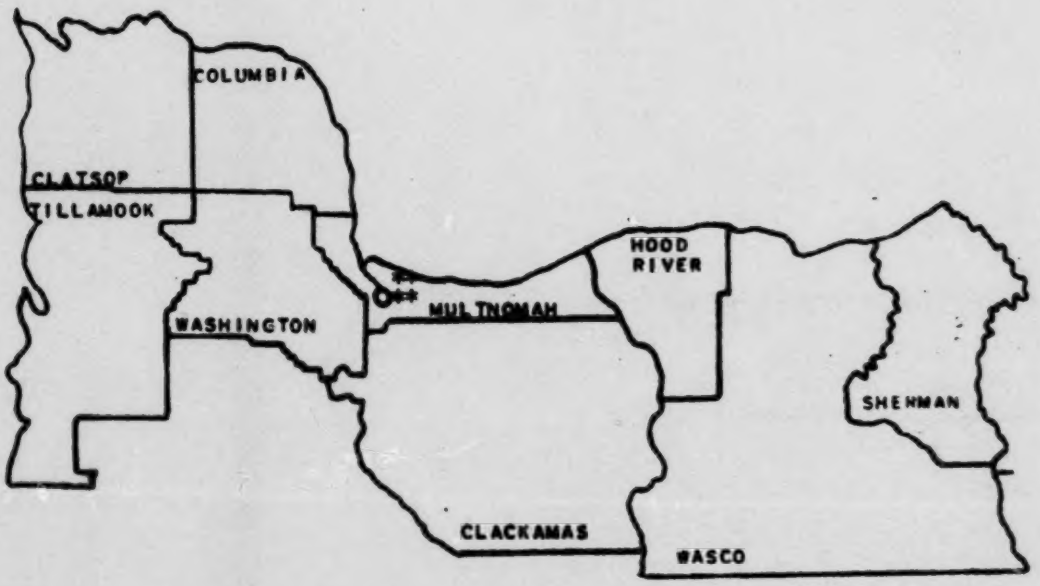
Multnomah County:
*Neighborhood House[2]-15 children
*Jewish Community Center Pre-School[2]-16 children
*Timmy Educational Center-6 children
*Emily School for Retarded Children-3 children
*Roecker Day School for Retarded Children-7 children
*Happy Hollow Children's Center, Inc.-10 children

Washington County:
*Aloha Retarded Children's Center-5 children

[2] Nursery Schools including average as well as handicapped children. Most nursery schools limit the percentage of retarded children in attendance.

Activity Centers

Region I



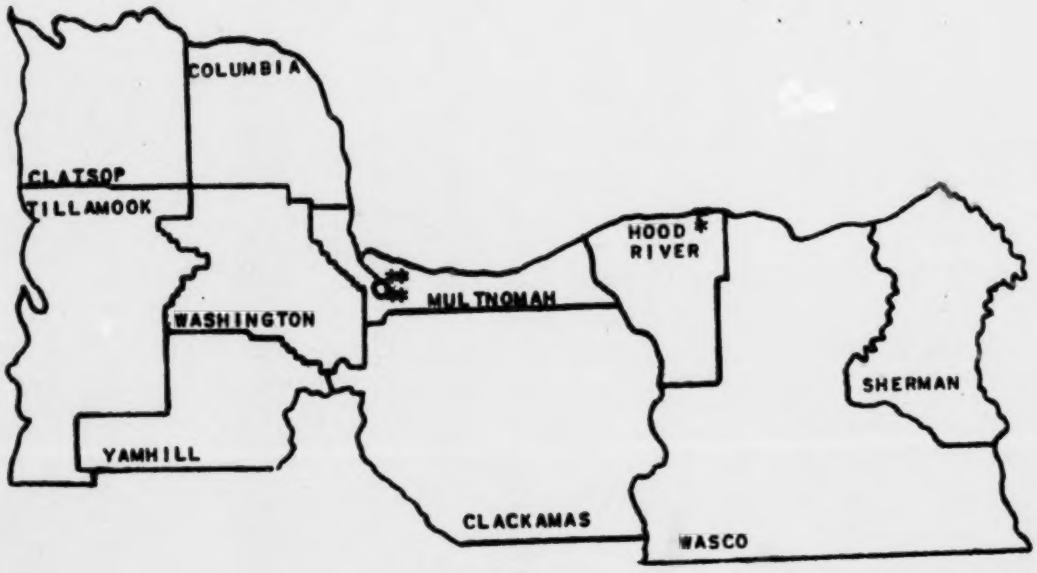
Several of the centers for trainable classes and sheltered workshop programs now carry on Activity Center programs of a sort with a limited number of retarded people over 14 years of age:

Multnomah County:

* Neighborhood House-20 retarded
* Happy Hollow Children's Center-10 retarded
* Roecker Day School-15 retarded
* Pilot Educational Program-10 retarded

Sheltered Workshops

Region I



There are five Workshops in Region I that employ, train, and, in many cases, place on the job handicapped people, including the mentally retarded over age 18.

These workshops are:

Multnomah County:
*Goodwill Industries-About 230 retarded a year or 80 retarded at any one time
*Volunteers of American Men's Rehabilitation Center-About 25 retarded a year or 3 retarded at any one time
*United Cerebral Palsy of Northwest Oregon-About 26 retarded a year or 8-12 retarded at any one time
*Portland Children's Center-About 23 retarded a year or 23 retarded at any one time

Wasco County:
*Hood River Sheltered Workshop-3 retarded (program has been in operation 3 months)

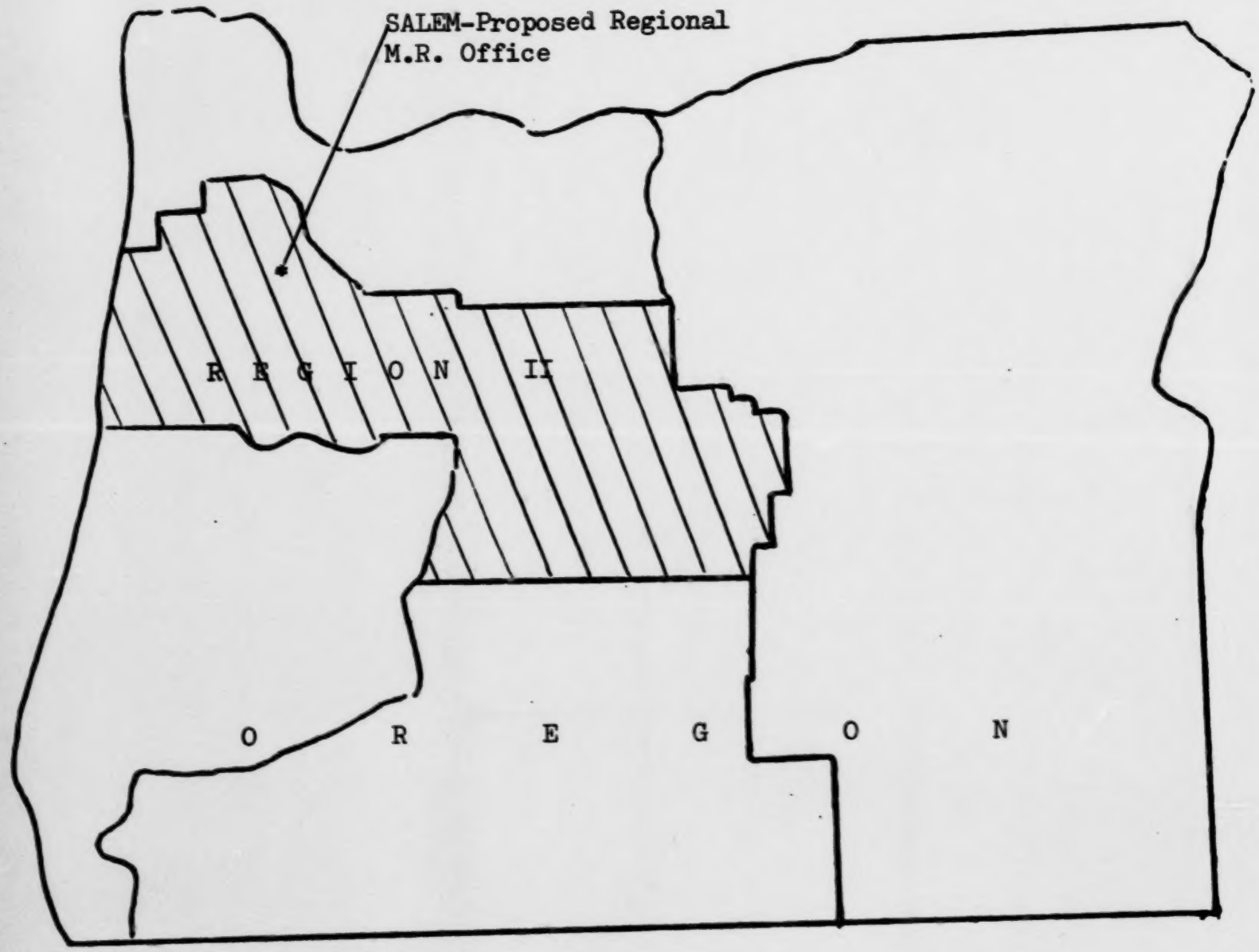
Adult Group Homes

There are no group homes for retarded adults capable of living in their home communities with very little supervision. There are several intensive care facilities primarily for young children and a half-way house or transitional home for retarded moving from Fairview Hospital and Training Center into the community in Portland.

Foster Home Placement

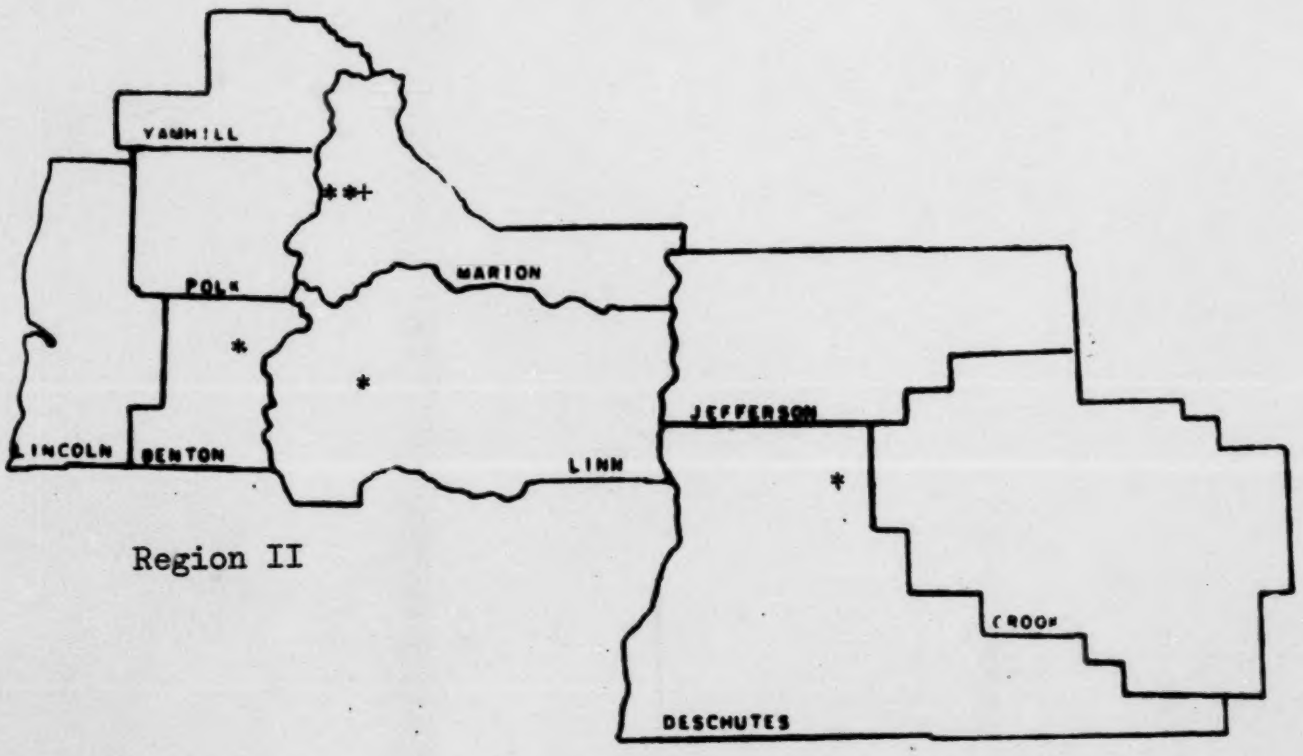
While general foster home placement is very difficult to find for retarded people, it has been demonstrated elsewhere that foster homes can be found for retarded people who spend the day in community programs like school, center, or workshop. Foster homes will make possible programs for retarded people living beyond commuting distance of the programs mentioned above.

Region II



This region consists of Benton, Polk, Yamhill, Marion, Linn, Lincoln, Deschutes, Crook, and Jefferson Counties, Marion County is the population center with 140,000 people. Total regional population about 390,000. Each of these counties have a community Association for Retarded Children that is affiliated with a state office, the Oregon Association for Retarded Children. In several counties these community associations and other small incorporated groups attempt to maintain non-profit programs for retarded people.

Trainable Classes



Region II

In Region II we find the following private non-profit centers for classes for trainable retarded children organized by parent groups and interested citizens:

Marion County:
* Haven School-60 children
* Shangri-La-41 children

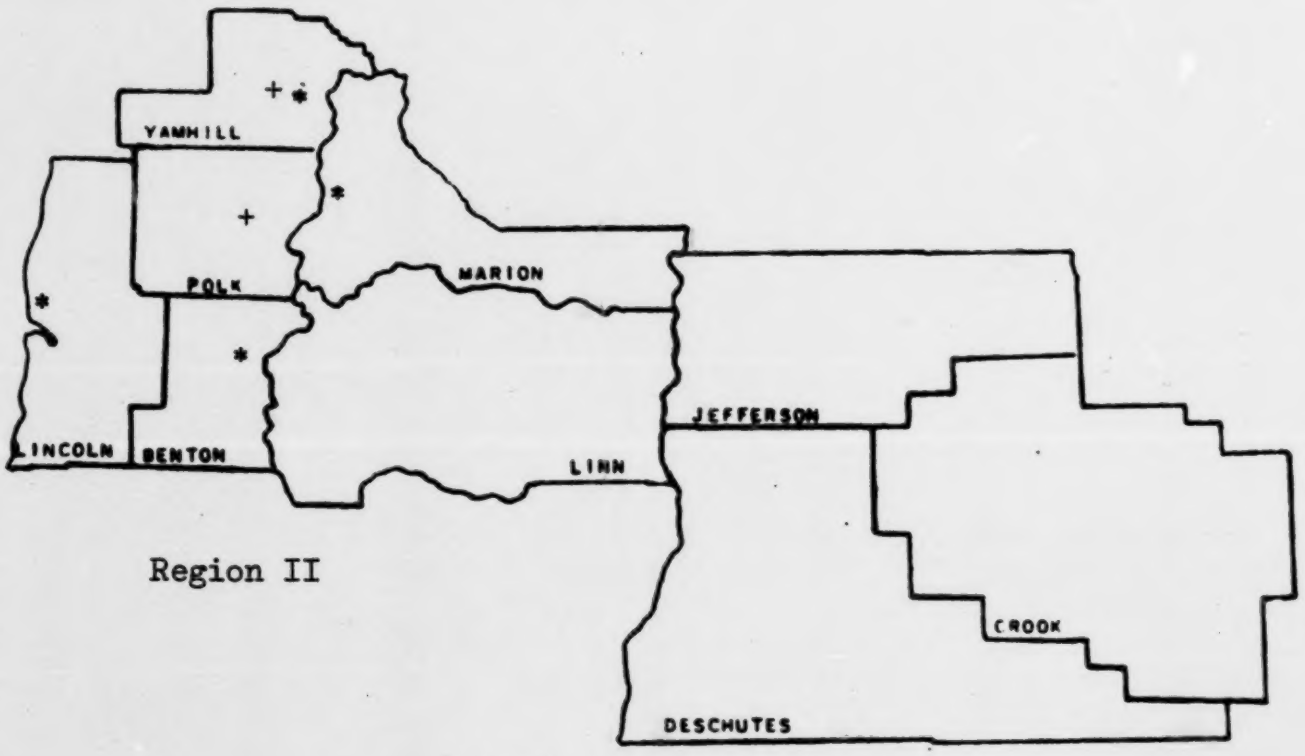
Deschutes County:
* Opportunity School of Central Oregon-18 children

Benton County:
* School for Trainable Retarded-24 children

Linn County:
* Linn Association for Retarded Children School and Training Center-
  29 children

+ Fairview Hospital and Training Center in Salem, the state's residential institution for retarded people, does have a school program that includes classes for trainable retarded. There are 15 such classes for 146 children. The classes are not available to children living at home in Salem, but are only for children committed to the institution.

Evaluation and Planning Service

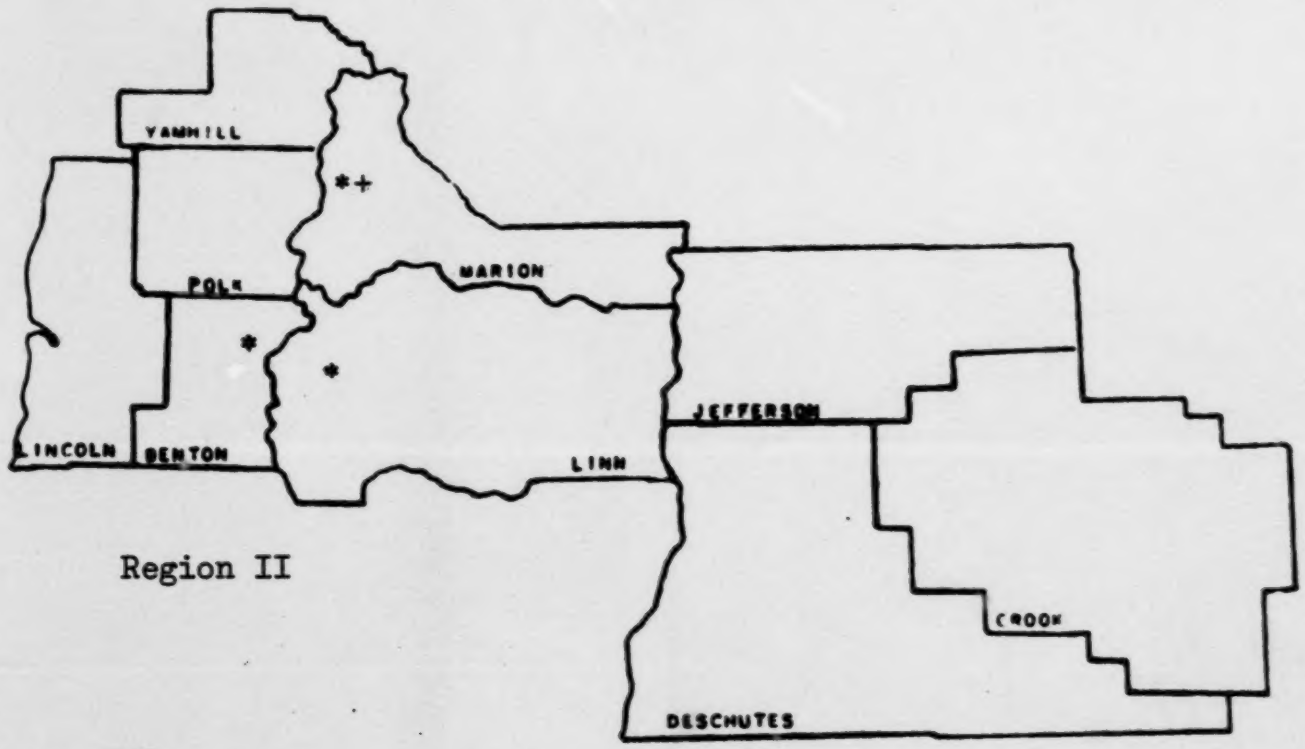


Region II

+ There are two Child Development Clinics in Dallas and McMinnville serving Polk and Yamhill Counties. Like the Clinics in region I, they provide a thorough physical diagnosis and a psychological evaluation of children referred who do not seem to be developing normally.

* In addition there are Community Mental Health Clinics in Corvallis, McMinnville, Salem, and Newport that provide essentially a psychological diagnosis for retarded and family counseling. The Community Clinics in Bend, Albany, and Dallas have not elected to provide this service to retarded people.

Day Care



Region II

In Region II there are several trainable class programs that include substantial numbers of children who will be in a Day Care Program. That is to say the children are from 3 to 5 years of age or above 5, but below the ability level of trainable retarded. These children are in the following locations:

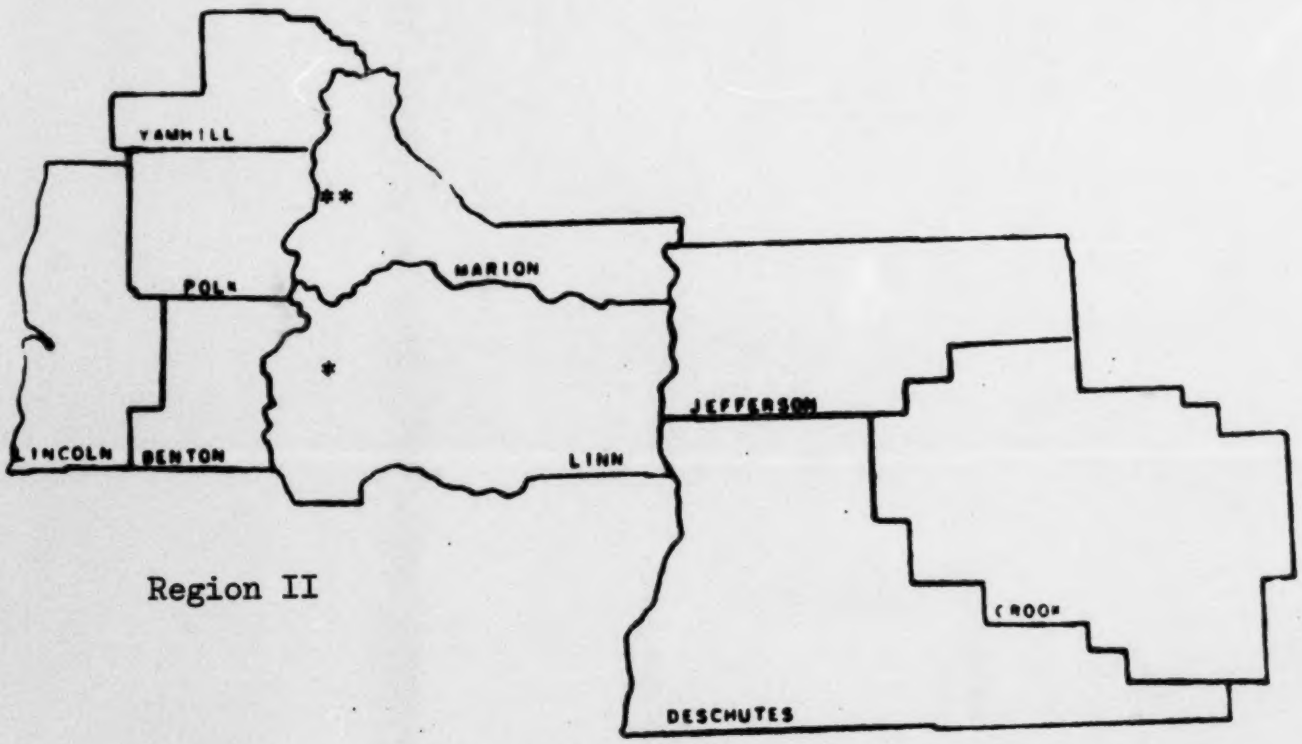
Linn County:
* LARC School and Training Center-10 children

Benton County:
* Benton Day Care Program-10 children

Marion County:
* Shangri-La-12 children

+Fairview Hospital and Training Center has 120 children in 10 pre-school classes. It is estimated that 50 of these 120 children will be eligible for trainable classes, but because testing and evaluation at this age is difficult the number of children is approximate.

Activity Centers



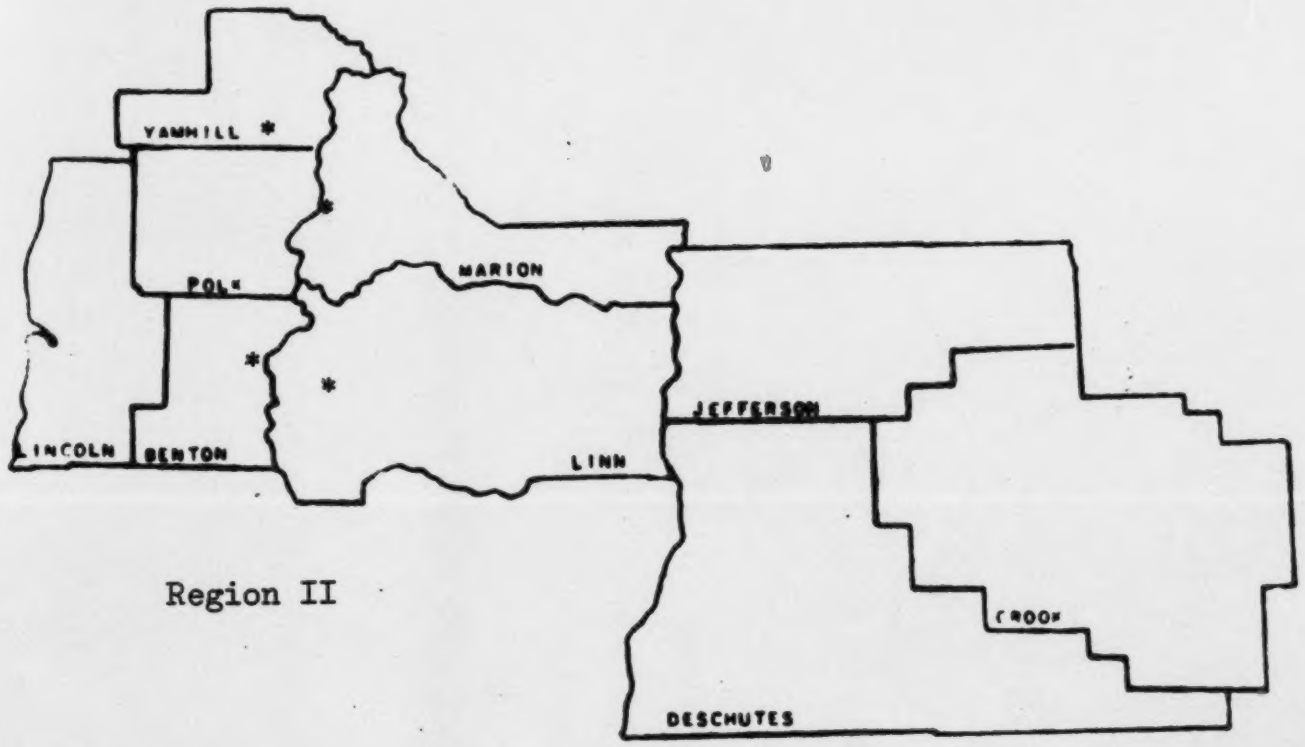
Region II

Several of the centers for trainable classes also carry on Activity Center programs of a sort with a limited number of retarded people over 14 years of age. There are young people who would be eligible for Activity Centers in:

Marion County:
* Haven School-5 retarded
* Shangri-La-15 retarded

Linn County:
* LARC School and Training Center-10 retarded

Sheltered Workshops



Region II

There are four Workshops in Region II. One of the workshops, the
* Salem Rehabilitation Facility, is limited to serving mentally ill and mentally retarded committed to Fairview or the Oregon State Hospital. The other workshops working with handicapped people living in their home communities are:

Yamhill County:
* Mid-Valley Workshop-About 18 retarded a year or 18 retarded at any one time

Benton County:
* Open Door, Inc.-About 13 retarded a year or 13 retarded at any one time (Program in operation to double by sommer 1968)

Linn County:
* Willamette Valley Rehabilitation Center, Inc.-About 40 retarded a year or 17 at any one time

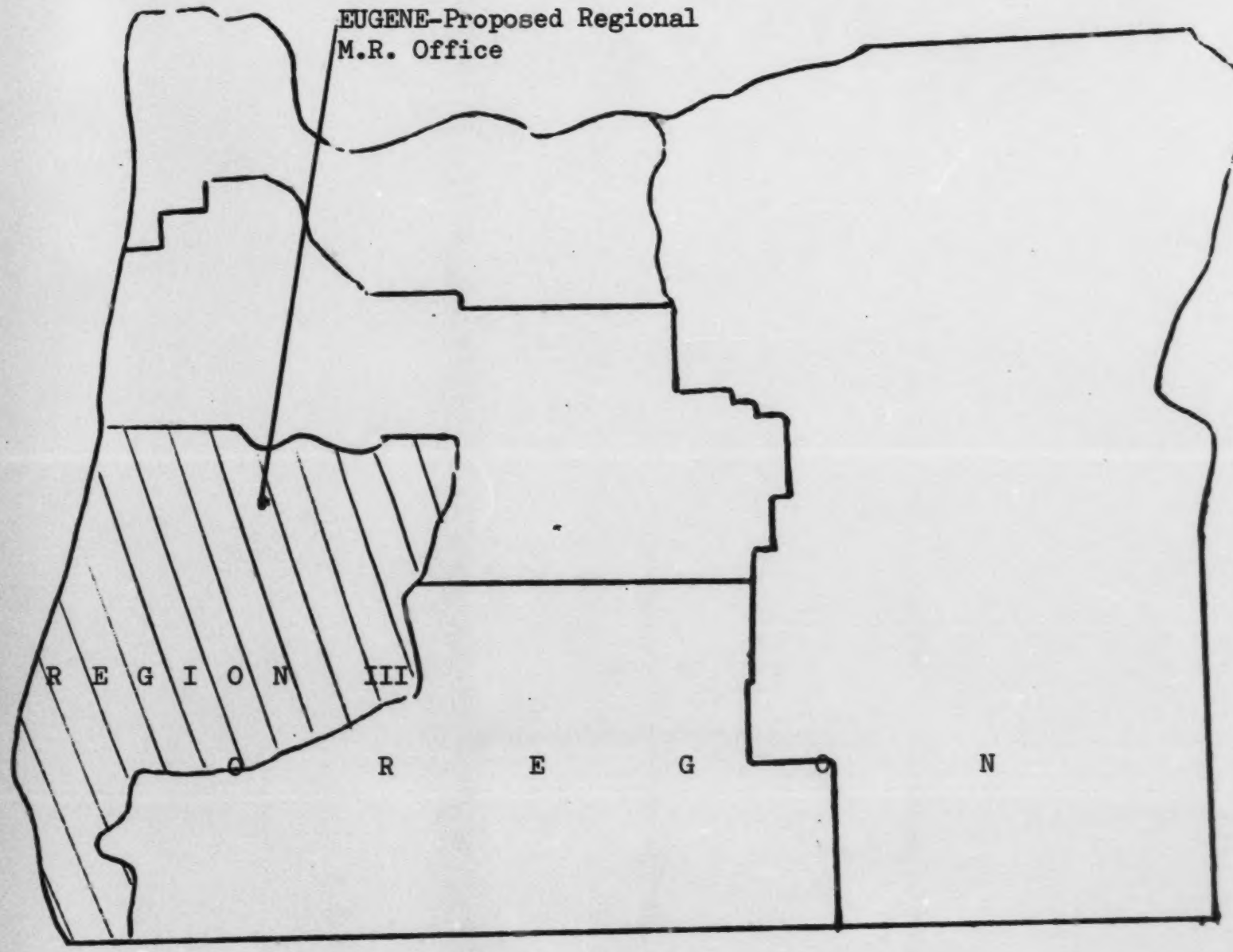
Adult Group Homes

There is one group home in Region II for all handicapped people. This group home has been in existence for approximately one year in Marion County.

Foster Home Placement

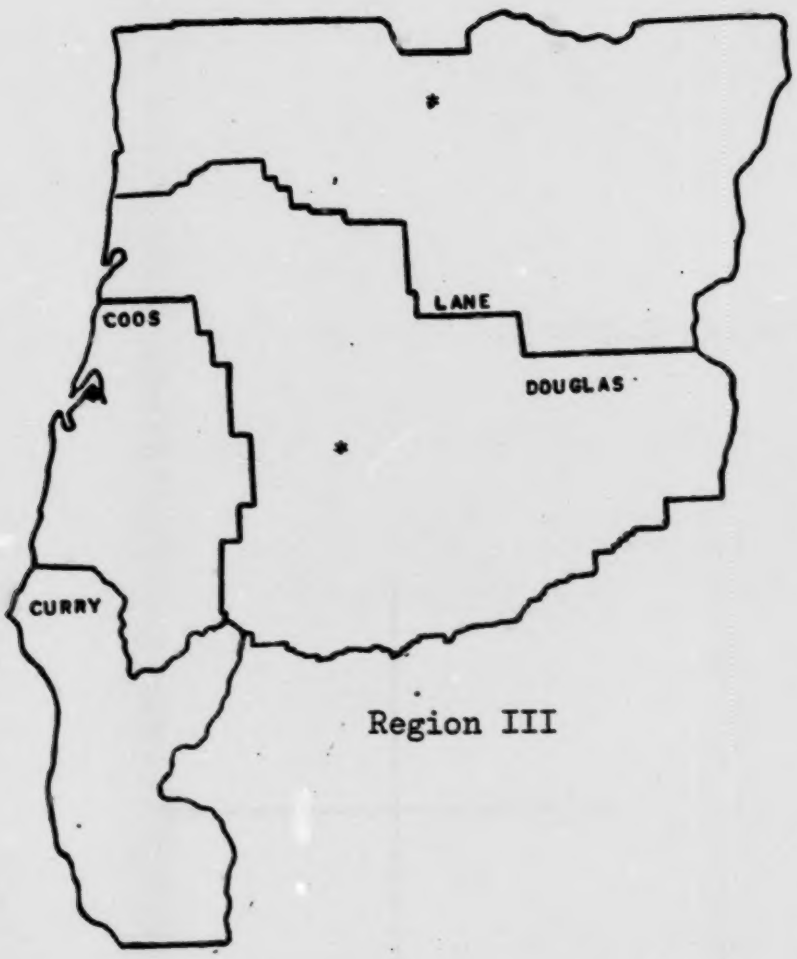
Foster Home Placement would be especially helpful for people in the eastern part of the region who may be able to profit by the programs in the valley.

Region III



This region consists of Lane, Coos, Douglas, and Curry Counties. Lane county is the population center with 190,000 people. Total regional population is about 327,000. Each of these counties, with the exception of Curry, has a community Association for Retarded Children that is affiliated with a state office, the Oregon Association for Retarded Children. In several counties these community associations and other small incorporated groups attempt to maintain non-profit programs for retarded people.

Trainable Classes



Region III

There are trainable (moderately) retarded children in:

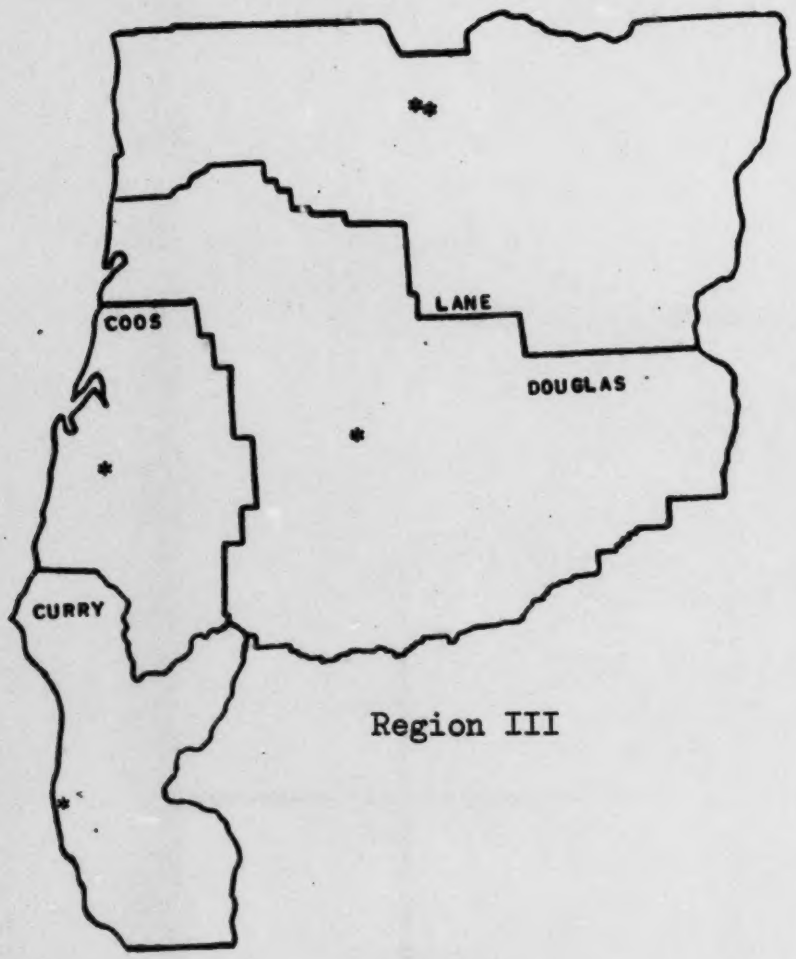
Lane County:
* Pearl Buck Center-65 children

Douglas County*:
* Park School-29 children

Coos County*:
* Millington School-27 children

*Public School Programs

Evaluation and Planning Service



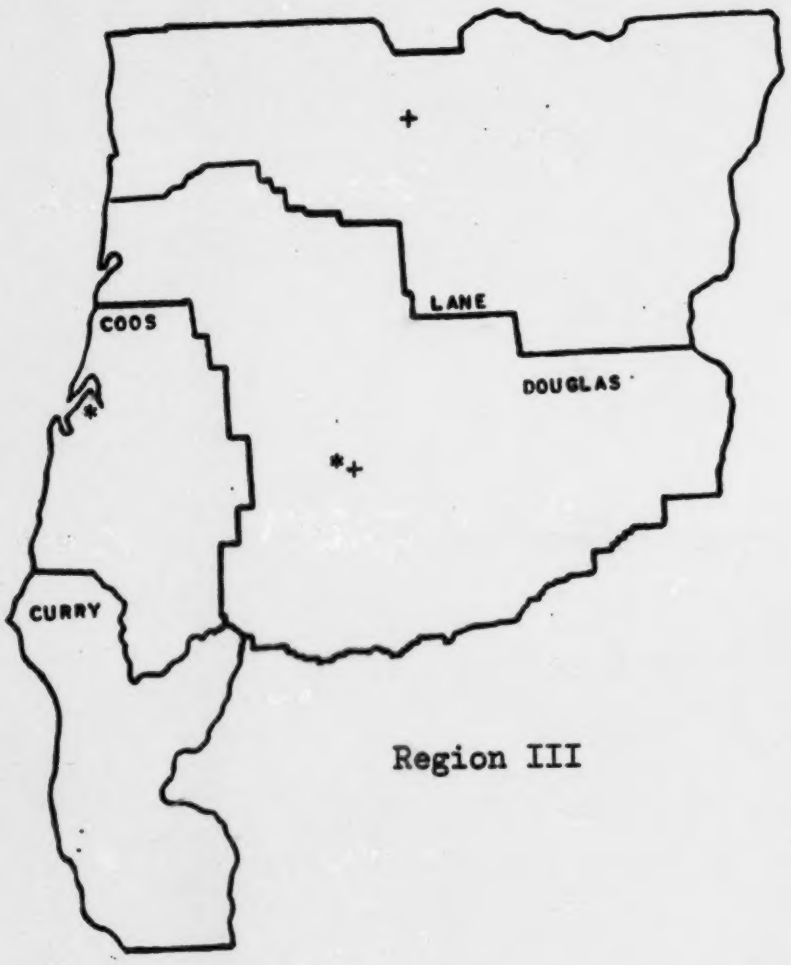
Region III

* Mental Health Division Community Clinics in each county of Region III offer diagnostic services and counseling to parents. The diagnostic services are primarily psychological. The four clinics are in: Coquille (Coos County), Roseburg (Douglas County), Gold Beach (Curry County) and Eugene (Lane County).

* DeBusk Memorial Center through the University of Oregon in Eugene also offers evaluative and counseling services for parents and school age retarded children.

Day Care

There are no day care centers that identify themselves as such in Region III.



Region III

Activity Centers

In Region III there are two centers which carry on Activity Center Programs with a limited number of retarded over 14 years of age. These centers are located in:

Coos County:
*Work-Activity Center-12 retarded

Douglas County:
*The Harmony Craft Shop-10 retarded

Sheltered Workshops

There are two workshops in Region III which work with handicapped people living in their home communities:

Lane County:
+Goodwill Industries, Lane County Branch-12 retarded

Douglas County:
+The Harmony Craft Shop-11 retarded

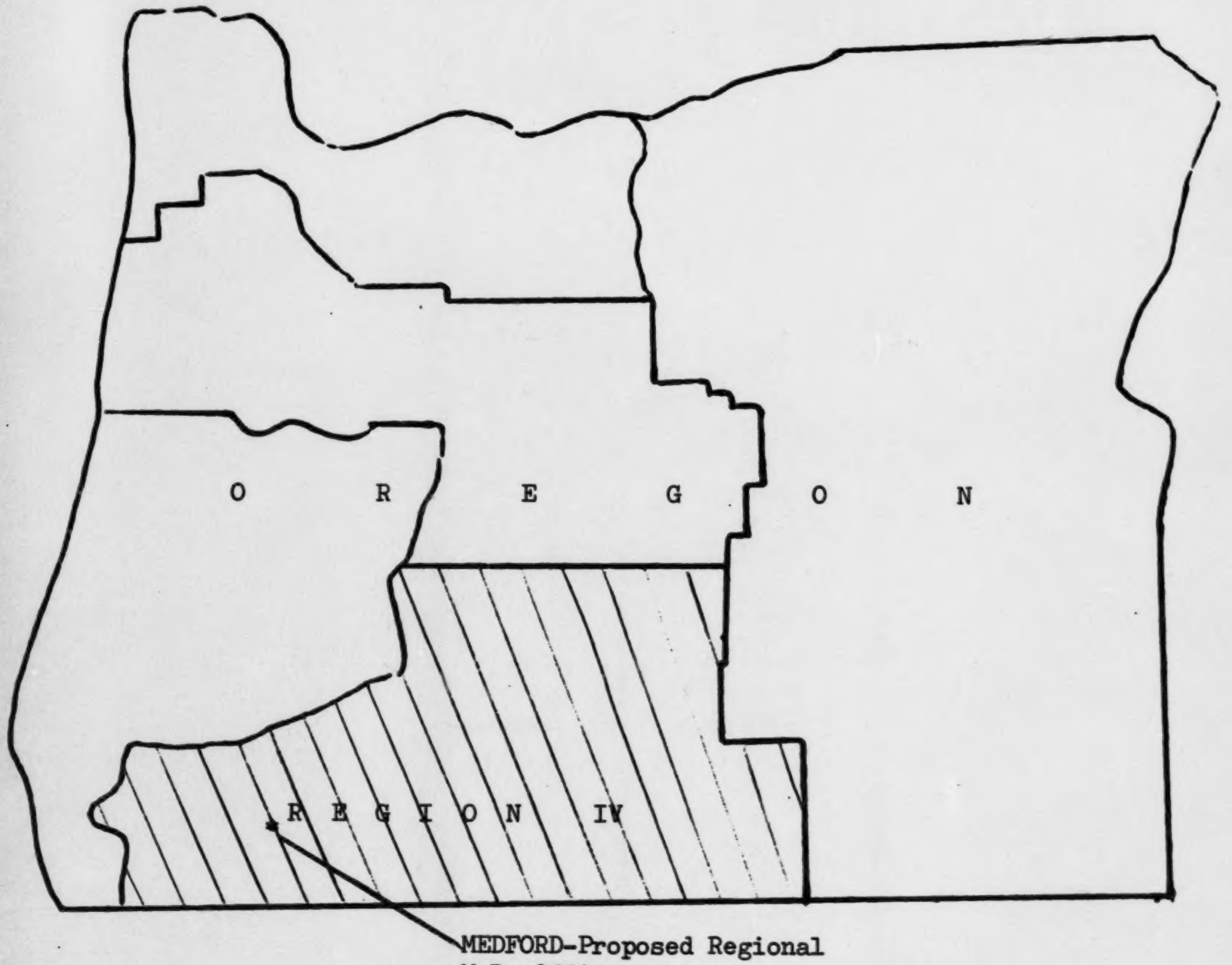
Adult Group Homes

There are no group homes at the present time in Region III for the handicapped.

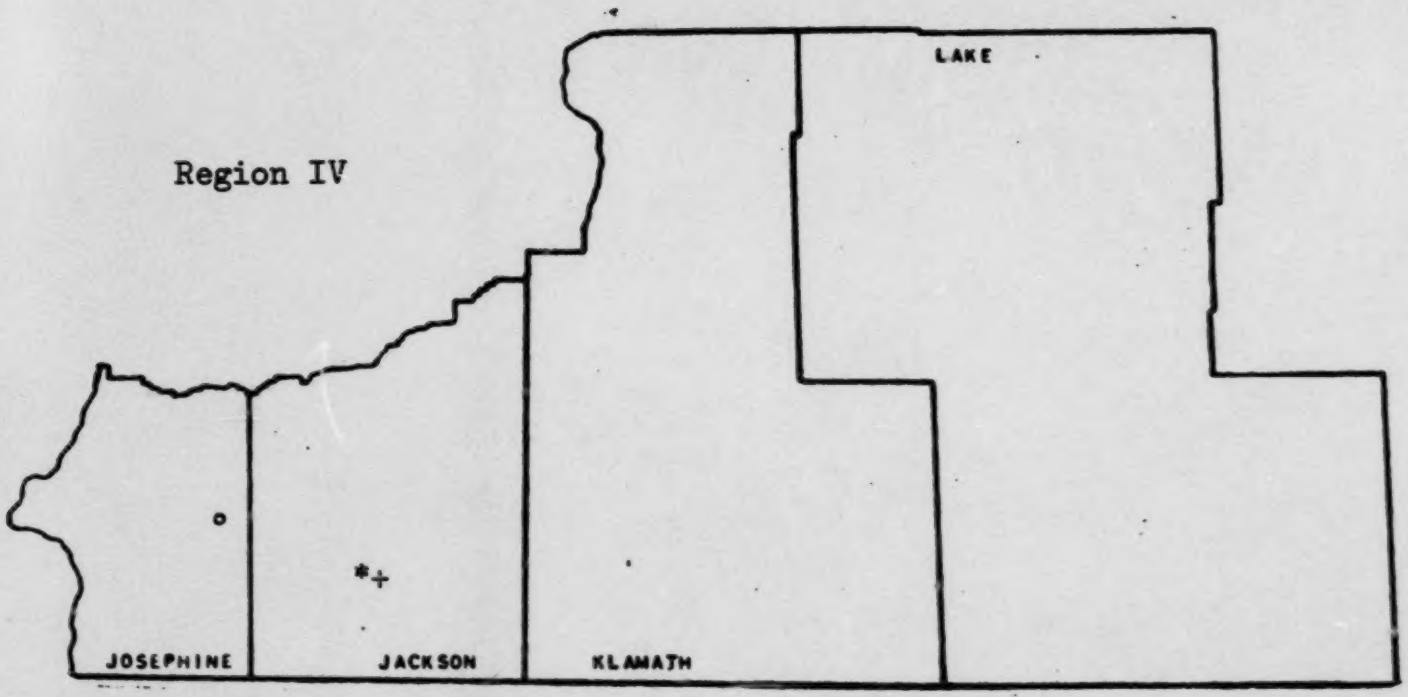
Foster Home Placement

Foster Home Placement is unavailable in this region although it would be useful in parts of the region remote from operating programs for the retarded.

Region IV



This region consists of Jackson, Josephine, Klamath and Lake Counties. Jackson County is the population center with 87,500 people. Total regional population is about 176,000. Each of these counties, with the exception of Lake, has a community Association for Retarded Children that is affiliated with a state office, the Oregon Association for Retarded Children. In several counties, these community associations and other small incorporated groups attempt to maintain non-profit programs for retarded people.



Trainable Classes

There are trainable (moderately) retarded children in:

Jackson County:
*School of Hope for Mentally Retarded Children-21 children

Evaluation and Planning Service

+Jackson County Family and Child Guidance Clinic offers diagnostic services and counseling to parents. The diagnostic services are primarily psychological. Josephine and Klamath County Mental Health Clinics have not elected to provide a service to mentally retarded.

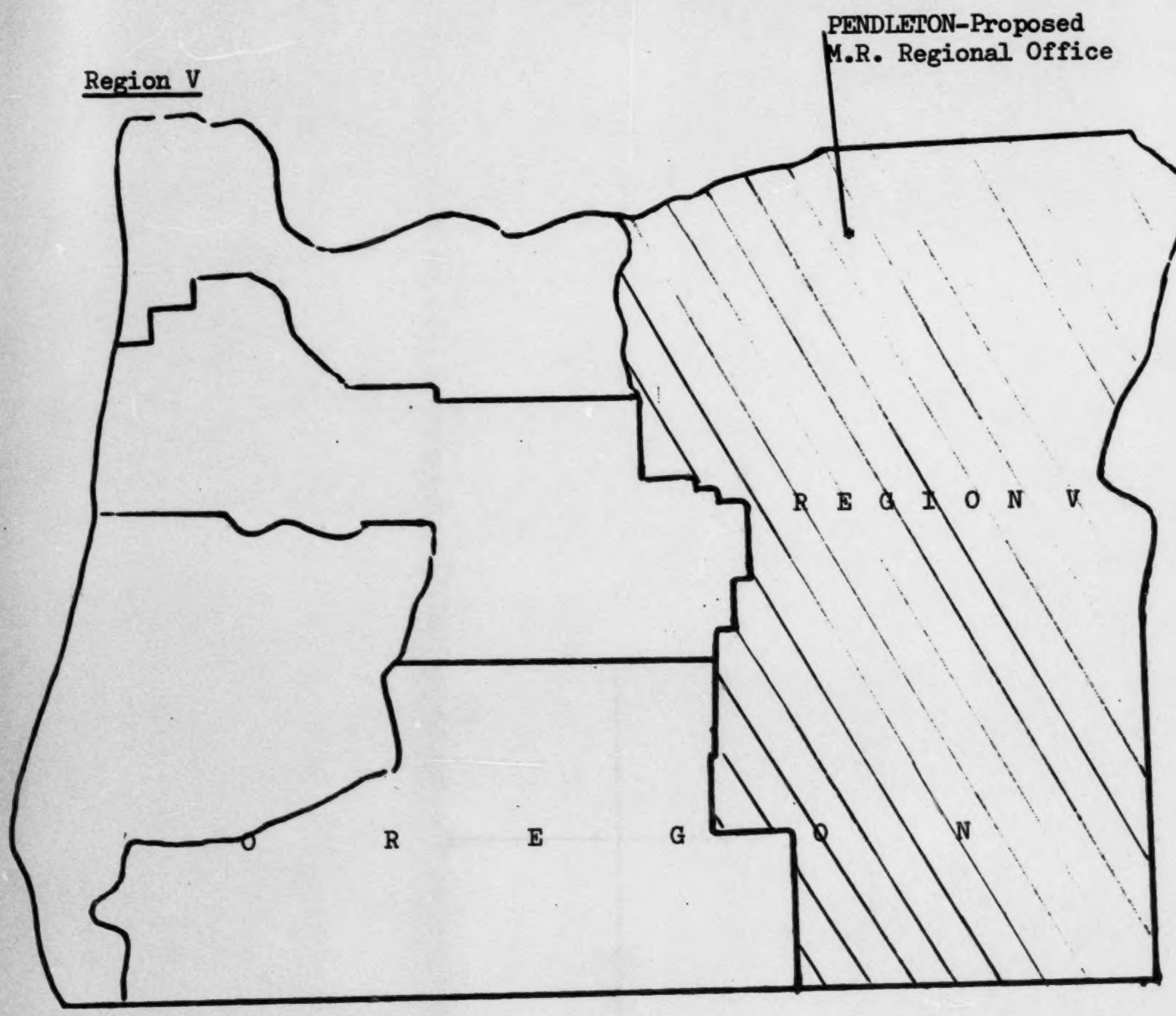
Sheltered Workshops

There is one workshop in Region IV which will work with handicapped people living in their home communities:

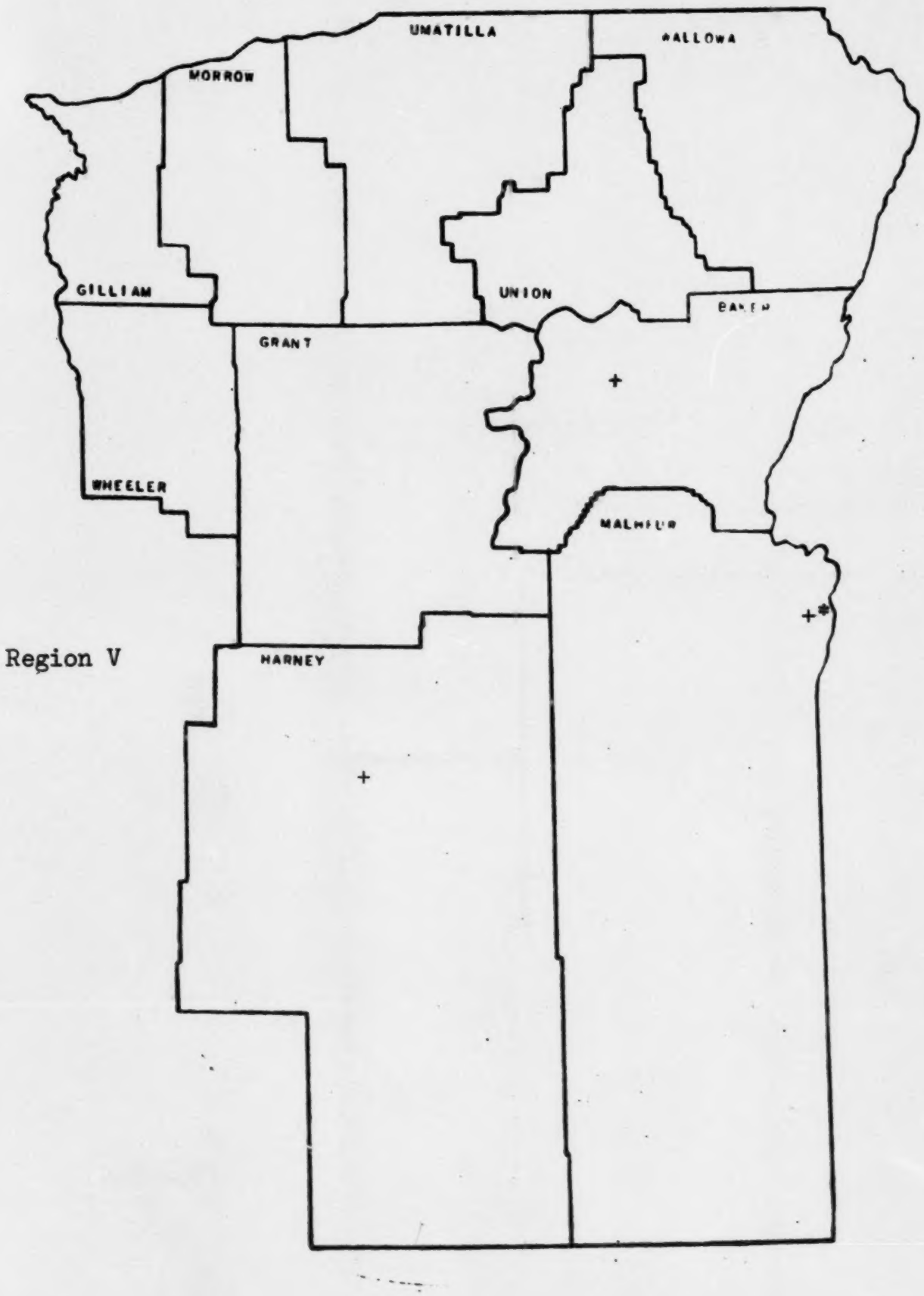
°Southern Oregon Goodwill in Grants Pass has been in operation about three months and now has 5 retarded clients.

Day Care
Activity Centers
Adult Group Homes
Foster Home Placement

At the present time, the above listed programs and facilities are not available in Region IV.



This region consists of Baker, Gilliam, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa and Wheeler Counties. Umatilla County is the population center with 43,000 people. Total regional population is 131,000. Union County is the only county in this region that has a community Association for Retarded Children that is affiliated with a state office, the Oregon Association for Retarded Children. There is Treasure Valley Association for Retarded Children in Ontario, Malheur County. This group includes membership from three adjacent counties in Idaho.



Region V

Trainable Classes

There are trainable classes for moderately retarded children in:

Malheur County:
*Treasure Valley Trainable Class-5 children

Evaluation and Planning Services

+Harney, Baker and Malheur Counties offer diagnostic services and counseling to parents.

Day Care

Activity Centers

Sheltered Workshops

Adult Group Homes

Foster Home Placement

Region V does not offer any of the above services or facilities at this time.

APPENDIX A TO THE RATIONALE

PROGRAM DEFINITIONS

Classes for Trainable (Moderately) Retarded

Classes for educable (in the public schools), classes for trainable, and day care essentially share the same purpose of educating the child to the extent of his potential. Also they are essentially group learning experiences with a teacher.

Educable children are closest to normal in their social and educational abilities. Most educable children 'appear' normal. Most educable children can learn to read and write to some extent and often become a of the 'normal' population after leaving school. The American Association for Mental Deficiency estimates two and one-half percent of the school age population is educably retarded.

Trainable children can rarely learn to read and write except words or phrases such as found or signs. Trainable classes are more demanding of teacher time with a usual teacher-pupil ratio of one to ten as compared to one to fifteen in the case of educable classes. Teachers are often assisted by an aide.

Trainable classes spend more time learning through group experiences like field trips and group projects. Trainable people are often more acceptable of their handicap tnan educable. Those who have not been excessively protected or removed from society can be placed in limited job situations as adults. Trainable classes can prepare children for meaningful employment. The American Association for Mental Deficiency estimates two trainable retarded for every 1,000 of school age population.

Although trainable classes are a school type activity and like several other segments of the proposed programming could be thought of as the function of another state agency, this Committee recommends that trainable class programs be a part of a range of community programs under the leadership of the regional Mental Retardation Office. The regional office will work to establish trainable classes both in public schools where possible and in private non-profit incorporated programs.

Day Care

There are really two groups of retarded children who profit from Day Care. Pilot programs have proven the value of class experiences to children as early as two or three years of age, especially the educable; and, to a more limited extent, the trainable. Day Care was originally thought of as nothing more than care of children to relieve the family for a few hours each day. However, experience has shown that a trained teacher with a planned program can have a marked effect in training these children.

Day Care also provides routine, socialization, and learning experiences for retarded children less capable of maintaining interest in group activities. Day Care groups usually number four or five per teacher and usually with an aide. For retarded children not capable of participating in trainable classes we find Day Care to approximately age 13. It is recommended that at about the age 13 children be placed in an older group including a number of children who had been in trainable classes. These groups of the more limited retarded over the age of 13 are usually called Activity Groups or Activity Centers.

Activity Centers

Activity Centers for the severely retarded and the more limited trainable can be an interesting and challenging day-by-day experience for retarded people. It is here that many of these very limited people can find leadership and training that eventually allows them to work under close supervision in a sheltered workshop. Activity Centers should be near sheltered workshops so that retarded people may spend part time in both.

Sheltered Workshops

Probably one of the most successful programs developed for retarded in the past few years is the sheltered workshop. Workshops attempt to train retarded as workers and then find regular employment for them. However some retarded spend years of productive employment in sheltered workshops. Retarded men and women learn to be on time, to work steadily, to ask for help in problem situations, and to produce both quality and quantity of work. While Vocational Rehabilitation funds are used to train handicapped people in workshops, there are presently two situations not covered by these funds.

With limited funds, Rehabilitation funds are spent on people most easily rehabilitated. Funds in the Mental Retardation Section should be available to train the people who require greater effort, especially the multiply handicapped.

Secondly, there are a significant number of retarded people who enter sheltered workshops and develop good work habits becoming productive up to their ability level, but because of the degree of their disability require years of training before competitive employment can be found for them. These people are making a significant work contribution in the workshop but often cannot be kept in the workshop situation beyond a training period because the workshop must pay them a minimum wage in excess of what they can produce. State funds must be made available to the workshop to make up the difference between wages and productivity of this retarded person to maintain this person in a productive situation.

Adult Group Homes

Adult Group Homes, Foster Homes, and Evaluation and Planning are really not developmental programs in their own right but are rather often vital adjuncts to the aforementioned programs.

Adult Group Homes are maintained in boarding home fashion for the adult retarded in a community in workshops or job situations and needing a minimum of supervision in maintaining themselves in the community. The Adult Group Home provides home life and food for retarded people. There are numbers of these people in our institutions because their parents are dead or aged and fearful for their future.

Foster Home

The Foster Home program to be maintained by the regional Mental Retardation Office is specifically for retarded people living beyond commuting distance of a class, workshop, or Activity program.that would otherwise be available to them. The purpose of this Foster Home placement is to provide <u>temporary</u> residence while the person is in the day program.

Evaluation and Planning

Evaluation and Planning refers to a regional Mental Retardation Office effort for each retarded person. It simply means finding out as much as possible about the abilities and disabilities of the retarded person and planning for his immediate future in the community. This process usually starts with standardized testing procedures done by medical and psychological professionals. In this process discoveries are sometimes made that do not apply to the mental retardation handicap directly but do lead to remediation procedures that help the retarded person be more capable. Sometimes a retarded persom is found to have a dental problem, hearing or sight problem, or psychological problem that can be quickly remedied. Mental retardation remains but the person is more capable.

Evaluation and Planning also refers to a critical review of what a program is accomplishing for a retarded person. This would especially apply to program use or lack of use of techniques such as behavior modification.

While several kinds of diagnostic services are available from state or county resources in some parts of the state, it would be the role of the regional Mental Retardation Office to acquire the diagnostic information and make use of it in planning assistance for the retarded person.

M E N T A L H E A L T H D I V I S I O N

MEMORANDUM

DATE: December 2, 1968

TO: Members of the Governor's Committee on Mental Retardation and Other Interested Persons

FROM: Kenneth D. Gaver, M.D.
Administrator

SUBJECT: Governor's Budgetary Proposal for 1969-71

Included in the Governor's proposals to the Fifty-fifth Legislative Assembly is a proposal to provide a broad range of services to the mentally retarded in Oregon. Incorporated in the budget proposal for the biennial period ending June 30, 1971, is the sum of $400,000 to be used for grant-in-aid to school districts, intermediate education districts, and private organizations to provide grant-in-aid for programs for the trainable mentally retarded.

The following is a summary of the proposed budget as presented in the Governor's Budget.

Administration	
Mental Retardation Program Specialist (Education Specialist 6) - 24 months . . .	$ 33,406
Education Specialist 4 - 20 months	22,890
Secretary 3 - 22 months	10,455
Executive Assistant 2 - 22 months	19,736
Services and Supplies	9,492
Capital Outlay	2,235
	$ 98,214
Programs for the Trainable Retarded	
Grant-in-Aid	$400,000
Total	$498,214

The final draft of the enabling legislation has not been completed. After approval of a bill draft by the Governor's office, copies will be made available by the Mental Health Division.

KDG:zg

A Proposal for Services

To the Mentally Retarded in Oregon

Governor's Committee on Mental Retardation

June 1968

In May 1967 Governor Tom McCall appointed the Governor's Committee on Mental Retardation. Members* appointed by the Governor are knowledgeable and interested citizens including administrative representatives of involved state agencies. The concepts inherent in the following recommendations are not untested or revolutionary. They are founded on a common sense belief that retarded people can be treated with dignity and respect and remain in our communities as productive citizens. In most communities we have found more fortunate people willing to assist retarded people but almost without exception they ask for help. They look to the state to provide leadership and financial assistance--a partnership in an area needing extra effort. Parents of retarded sons and daughters are frustrated. They find assistance offered in the community but always of a particular kind or a limited duration. We seem to have an abundant supply of people trained to inform parents that indeed they do have a retarded child. But we rarely have anyone trained or able to work directly with retarded people. We have agencies that could include retarded people in services offered to the general public, but because of lack of understanding, lack of leadership and sometimes statutory definition or program, fail to assist these handicapped people. Parents are usually referred to someone else time after time.

The legislative assembly in the 1967 session did provide funds for a facility at the Medical School and at the University of Oregon to train teachers, doctors, dentists, nurses, social workers, etc. in mental retardation. These training programs should produce well trained professional people. Oregon needs community programs that will be financially able to compete with programs in other states for the services of these professionals.

This committee is cognizant of the fact that a comprehensive partnership program for community service to all retarded people regardless of age or degree of retardation is a large undertaking both in terms of dollars and manpower. We feel that as a minimum effort the state should pass the suggested legislation accompanying this report establishing the authority and framework for this state effort. The following recommendations will indicate the degree to which it appears possible this program could be implemented if state revenues permit.

Programs

This Committee's study of community programs for the mentally retarded revealed the following kinds of programs have been developed throughout the nation as a result of demonstrated need and purpose:

Day Care Centers
Classes for Trainable and Educable Retarded
Sheltered Workshops and Job Placement
Adult Group Homes
Activity Centers
Evaluation and Planning Services (Diagnostic Service)
Part-time Foster Homes

The attached document, the Rationale, defines these programs in Appendix A.

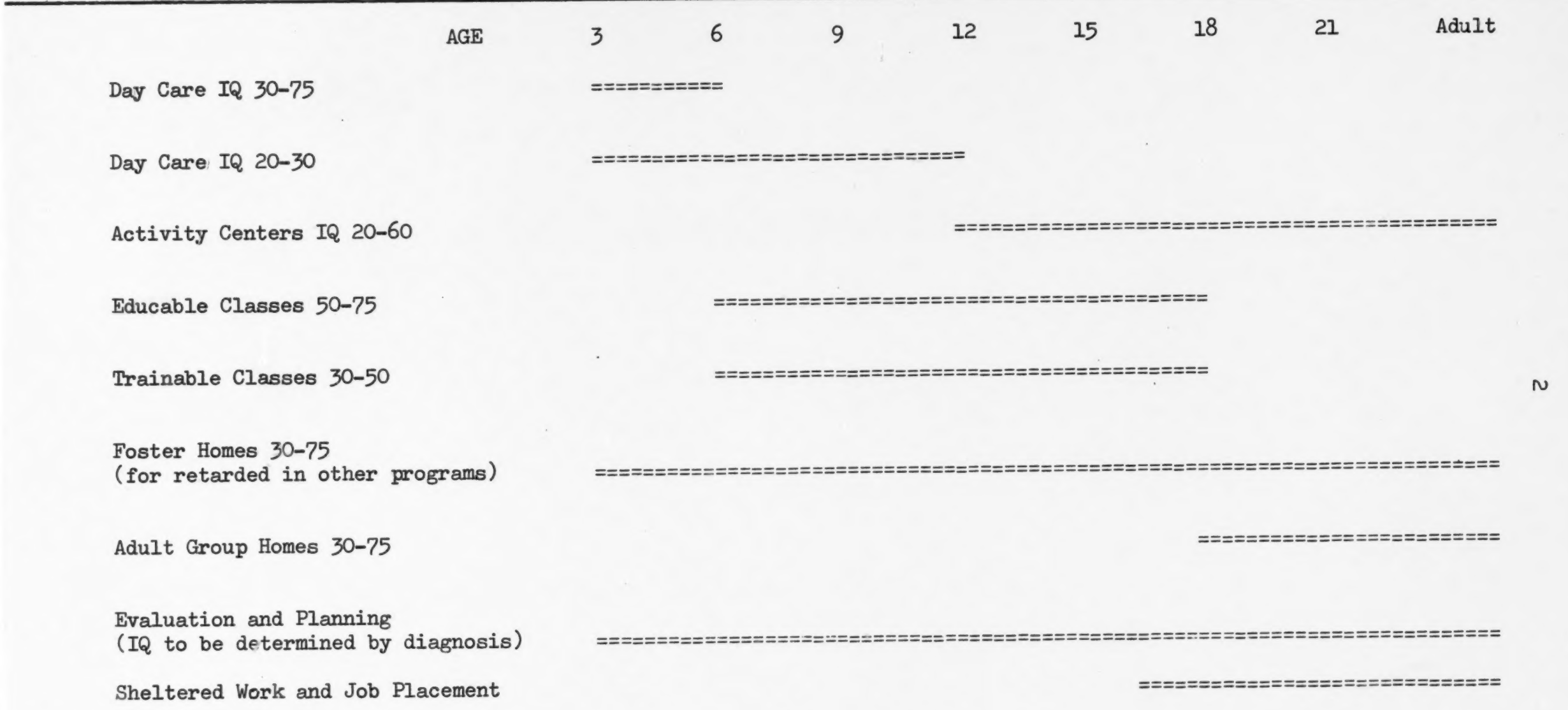
It must be understood that this Committee has found wide differences in personality and ability level among retarded people who are capable of living in the community.

The kinds of programs in the above list reflect these differences in retarded people both as to age and ability differences.

*Membership list attached-Attachment A

COMMUNITY PROGRAMS AND THE RETARDED PEOPLE GENERALLY SERVED BY THEM

(Ages should vary a year or two and not be arbitrary points.
IQ measures are approximate ranges and should not be rigidly fixed.)



We need these programs to develop and assist retarded people in our communities. What can the state do to achieve this goal?

Implementation

First we need an organization to plan and accomplish this task. This Committee recognizes several possible alternative organizations exist in state governments for the administration of programs for mentally retarded.

This Committee recommends the addition of a Mental Retardation Section to the Mental Health Division. It further recommends renaming this Division the Mental Health and Retardation Division to indicate this dual function to the Oregon public.

It is further recommended that the Mental Retardation Section consist of a central office staff administering the operations of five regional Mental Retardation offices*. Our intent is to have regional offices that will begin working with existing community programs and continue to assist groups in further planning. The existing programs are listed by region in the Rationale. The length of the listing is deceptive however. Many of the existing programs we find run by volunteers or staffed by people with little or no training. They need assistance.

Our regional Mental Retardation offices must fulfill several functions:

1. They must be available to and concerned with every retarded person. They will refer people to existing programs but will maintain program responsibility for the retarded person. We must find continuity in our assistance. Parents must not be sent from place to place searching for mythical cures.

2. Regional offices must have available state funds to assist communities in developing meaningful programs. Of the listed needed programs Oregon does have a system of classes for educable retarded (mildly retarded) in the public schools. Therefore, this proposal does not include this program which is administered by the Department of Education.

Cost figures developed for the state assistance to community programs are based on reaching a goal of a ten percent increase in community program ability in the next biennium. This committee recommends that state funds for community program development be allocated on a regional basis by population.

The following are details in working with the basic kinds of mental retardation programs:

A. Classes for Trainable-In most states, school age retarded children with the degree of retardation classified as trainable have as equal opportunities for local schooling as any other school child. The regional office could contract for this service with a private group organized for this purpose or with the public schools through the Department of Education. This committee recommends legislation allowing a school district's per capita cost funds to be allocated to a private class for trainable children in the district. Excess costs above the district per capita cost would be paid by the Division on an approved budget. Costs would include transportation.

Definition-Children eligible for classes for trainable. Maximum age of 18. Not eligible for regular or educable classes. An approximate IQ range of 30 to 50. Usually toilet trained and capable of profiting by class experiences that will assist him in becoming a more independent, capable person.

*Attached map indicates the minimum number of service regions as described in the state comprehensive mental retardation plan--'First Steps'-Attachment B.

B. Day Care-Day Care Programs provide group experiences to retarded children where care is the major need.

The regional M.R. office would administer grant-in-aid funds to community day care programs. This Committee recommends grant-in-aid support of 50 to 75 percent with the local share to be obtained through an approved fee schedule to parents of children in day care or other available sources. Fee schedule will not exclude parents unable to pay. Grant-in-aid funds would not match state or federal funds.

Definition-Children eligible for day care. Age 3 to 13 years. Children for whom trainable programs would be unrealistic and for whom care is the major need. Children whose handicap does not preclude participation in small group experiences.

C. Activity Centers-Activity centers provide group living experiences and introductory work experiences for older children not eligible for trainable class programs. Activities usually include some recreation. This program often prepares a more retarded person for a sheltered workshop. This Committee recommends grant-in-aid support of 50 to 75 percent of basic program costs with local funds to be obtained through an approved fee schedule to parents or other available sources. Fee schedule will not exclude parents unable to pay.

Definition-Retarded people eligible for activity centers. Age 14 to 25. Should be capable of relating to other people. Young people for whom the more demanding activities of a trainable program would be unrealistic.

D. Foster Home Placement-It is anticipated that for some time to come retarded people will live in communities somewhat removed from existing program services. This committee recommends a program of single or group foster home placement allowing these retarded people to live in the community where the program is in operation. This would allow the regional M.R. office to purchase care where the retarded person could not commute. Foster home placement would especially be effective in parts of the state that are sparsely populated.

Foster home placement would be for the part of the year the desired program is in operation. Rates for purchase of care and parental liability will be determined by the Mental Health Division. Fee schedules will not exclude persons unable to pay.

E. Group Homes for Adult Retarded-Recognizing the need for housing adult retarded people in the community, but who are in need of some structured or supervised assistance. The purpose of this program is to provide program services in the communities. The regional M.R. office would provide grant-in-aid funds to private or public organizations for the operating costs of providing housing and food to adult retarded people. Grant-in-aid would be 50 to 75 percent state funds.

Adult group homes will allow many retarded people to remain active in the community who would otherwise be institutionalized because of death or old age of parents.

F. Diagnostic Services as a part of Evaluation and Planning for each retarded person.--The regional M.R. office will contract for diagnostic services with a public or private agency or pay costs on an individual basis. The initial part of the diagnostic process will probably be planned as a single service for the

whole region. The initial part of a diagnosis includes medical, dental, psychological, social; and, in the case of older retarded people, vocational evaluations. Follow up of the initial diagnosis will be the responsibility of the regional staff who will have worked with the diagnosticians in a team operation where possible. Follow up will include program planning and assessment of development of the retarded person and may include further diagnostic work from a team.

G. Sheltered Workshops-The Mental Health Division will contract with the Department of Vocational Rehabilitation to provide training experiences in sheltered workshops. Funds for workshop programs would be administered by D.V.R. staff assigned to a regional service center. Funding available to workshops would reflect the type of service offered:

1. Evaluation and/or training services would be eligible for 75 percent federal funds and the workshop would be reimbursed for the actual costs of providing the service.

2. Sheltered employment services would not be eligible for federal funds. The workshop would be reimbursed to its break-even point, up to a maximum of $75 per month per retarded person. The regional center would require periodic reassessment (at least every six months) of each retardate supported in sheltered employment to determine his readiness to enter/re-enter training programs.

Program Standards

The responsibility for setting program standards for each of the above would be required of the Division. It is anticipated that a Program Standards Committee would be formed by the Division. This committee would be especially useful in recommending standards for its programs involving several state or local agencies and assisting in setting standards for programs of training professional personnel. It is especially important to design standards that existing programs can meet, but that will require improvements as state funds allow improvements in program services.

Prevalence

The Governor's Committee on Mental Retardation recognizes that much of the decision to implement this proposal will rest upon the need for this program in Oregon. There is still a degree of shame attached to retardation in spite of national publicity. Parents of retarded do not advertise that they have a retarded child. But where community programs develop, the retarded population is found and assisted. With these experiences a national average of three percent of the population has been established as being retarded. We recognize that no matter how extensive a community may develop its assistance to its retarded people, a number of them will not be able to participate.

This Committee does suggest using incidence figures established in Oregon by the State Board of Health in Mental Retardation Prevalence Study 1965. The following figures are taken from this study:

REGION I

Age	Mentally Retarded
0-4	455
5-19	7,697
20 and over	5,370
Total - all ages	13,522*

REGION II

0-4	199
5-19	3,370
20 and over	2,351
Total - all ages	5,920*

REGION III

0-4	168
5-19	2,842
20 and over	1,983
Total - all ages	4,993*

REGION IV

0-4	91
5-19	1,533
20 and over	1,069
Total - all ages	2,693*

REGION V

0-4	67
5-19	1,140
20 and over	795
Total - all ages	2,002*
TOTAL OF ALL REGIONS	29,130*

*These figures can be compared to total numbers of retarded people gathered from existing program figures as enumerated in the Rationale:

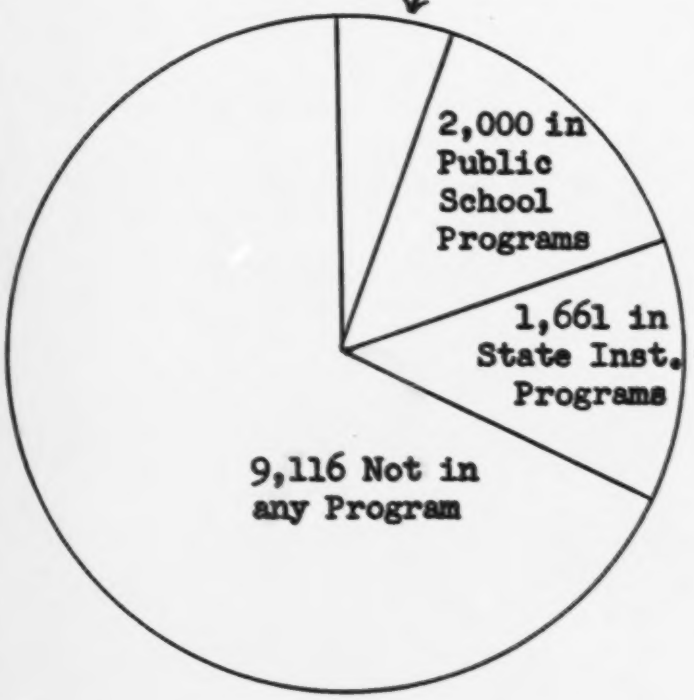
	Total Retarded in Community Programs
Region I	745
Region II	305
Region III	166
Region IV	26
Region V	5

To these community program figures should be added those retarded in public school programs for educable and those retarded in state institutions. In the school year 1967-68 approximately 4,410 educable retarded were in public school programs and 3,490 were in institution programs.

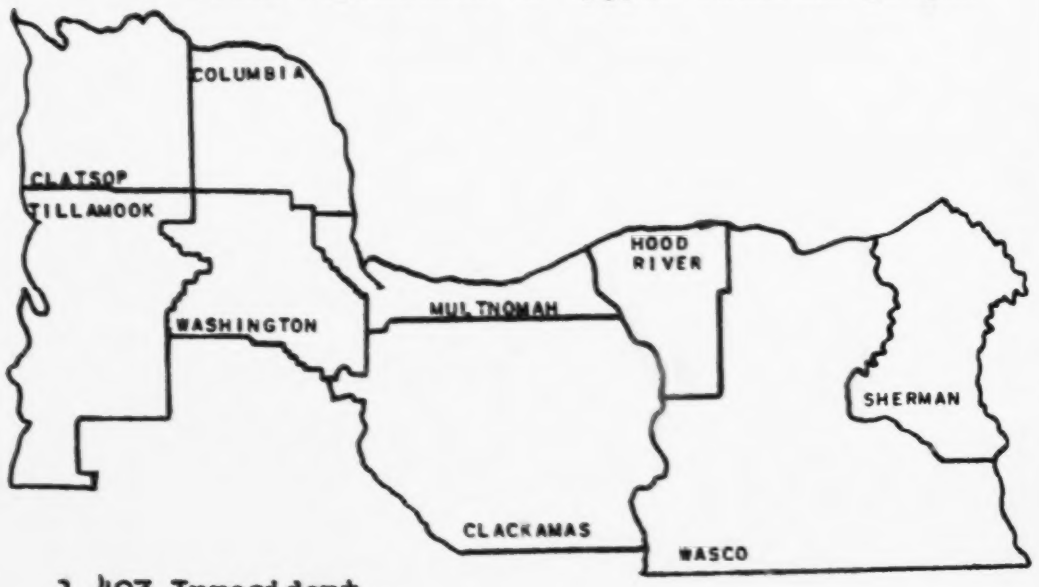
The following graphs illustrate the comparison between the indicated prevalence of retarded people, the number of retarded people who have found a place in community programs, the number of retarded youth in public school educable programs, and the number in state institution programs:

Region I

Total Population of 13,522 retarded people

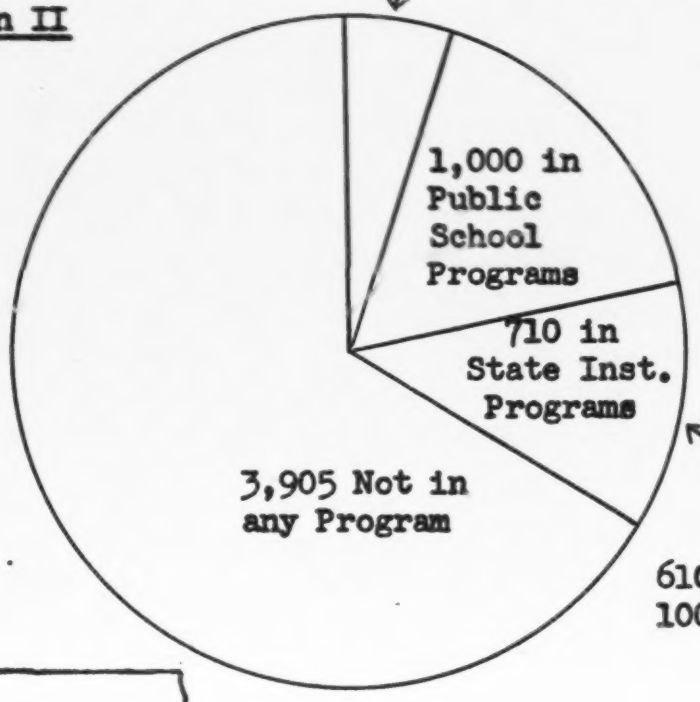


1,493 Inresident
168 Trial Visit



Region II

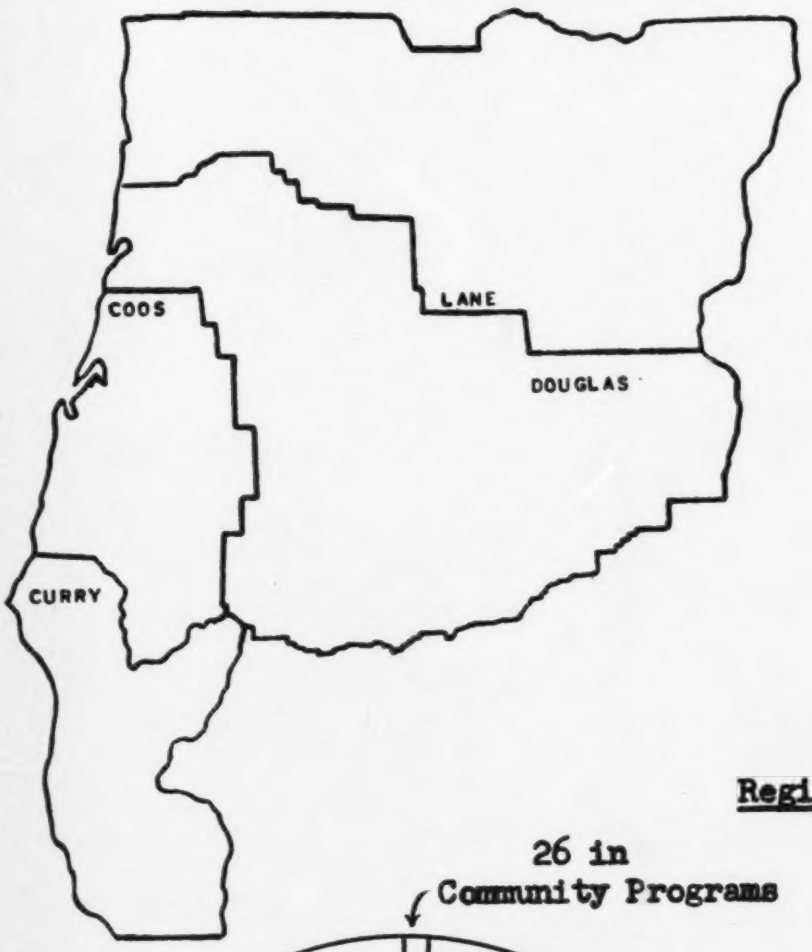
Total Population of 5,920 retarded people

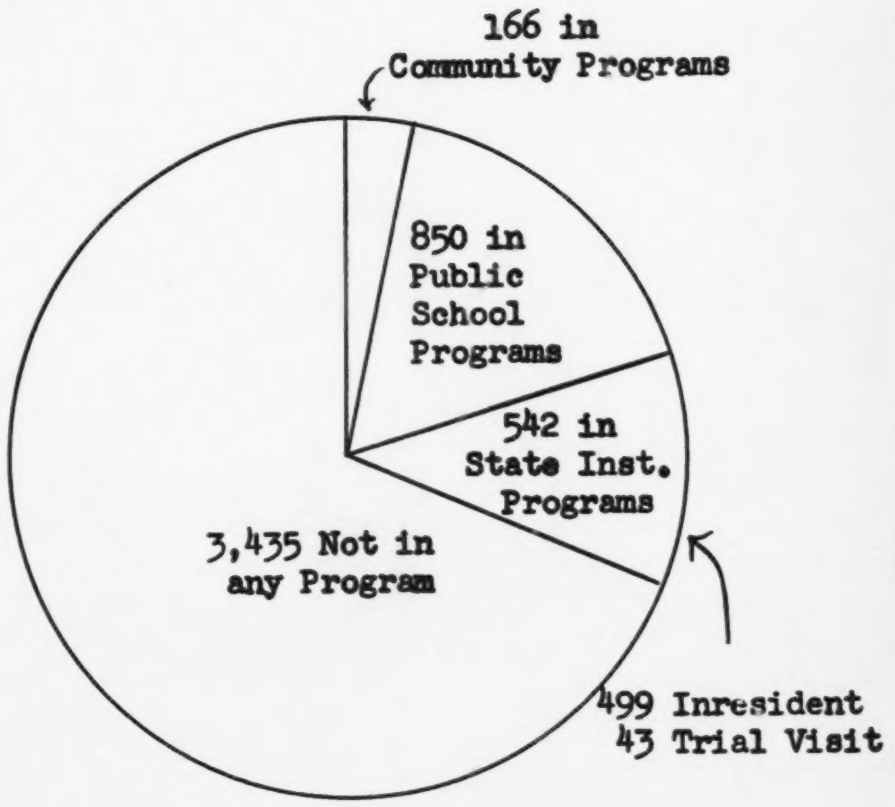


610 Inresident
100 Trial Visit

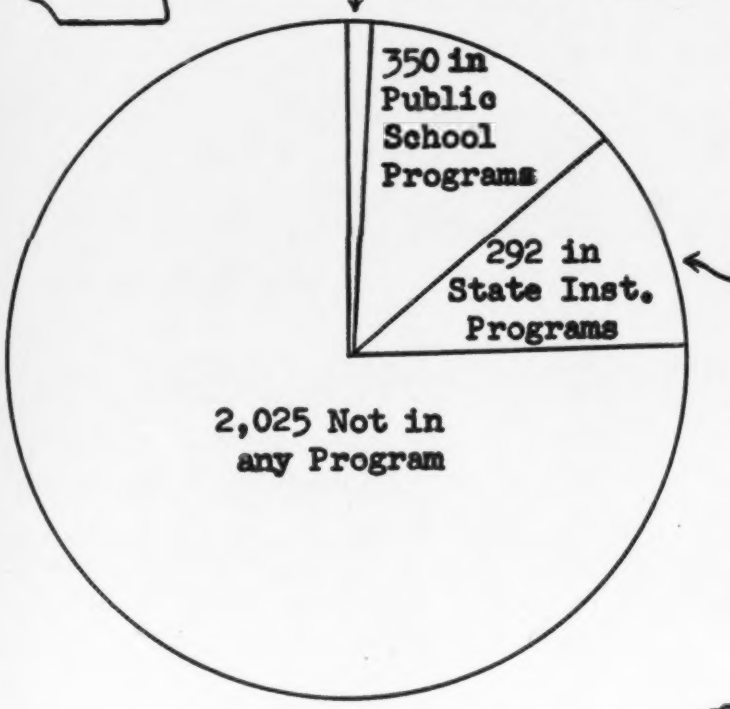
Region III

Total Population of 4,993 retarded people

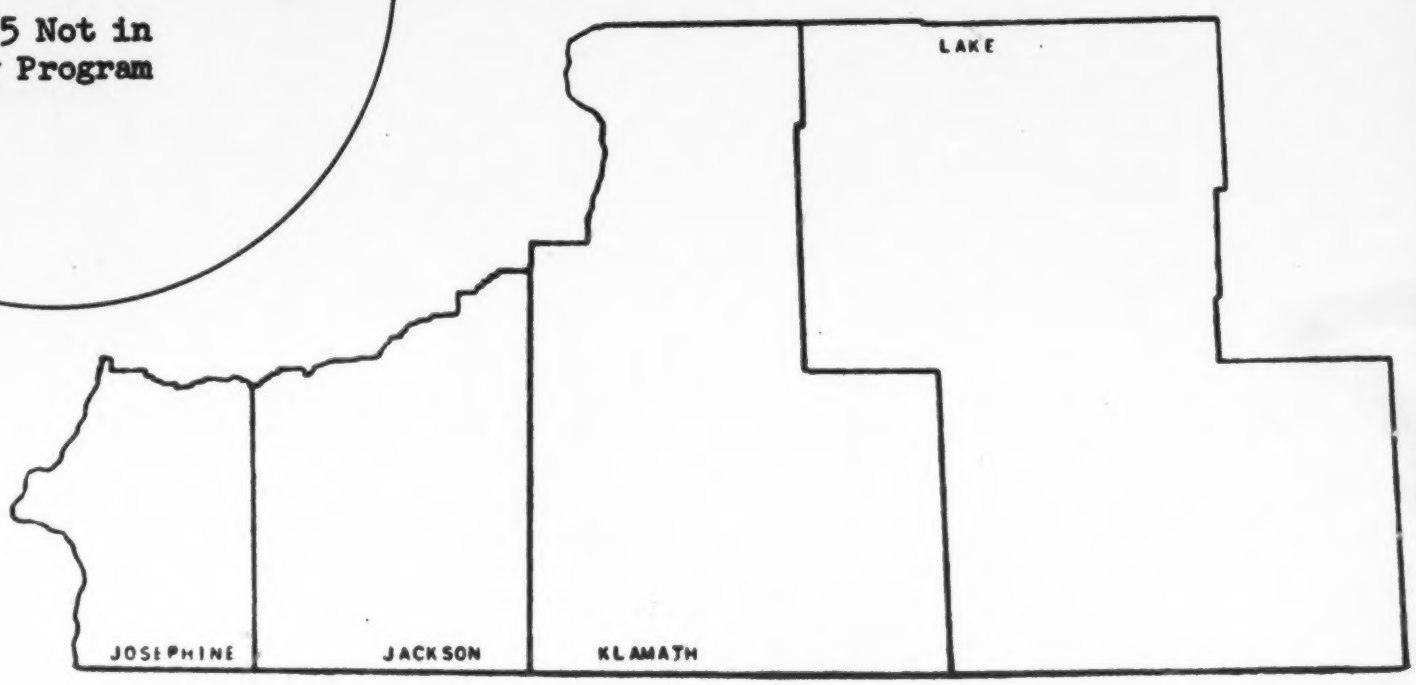




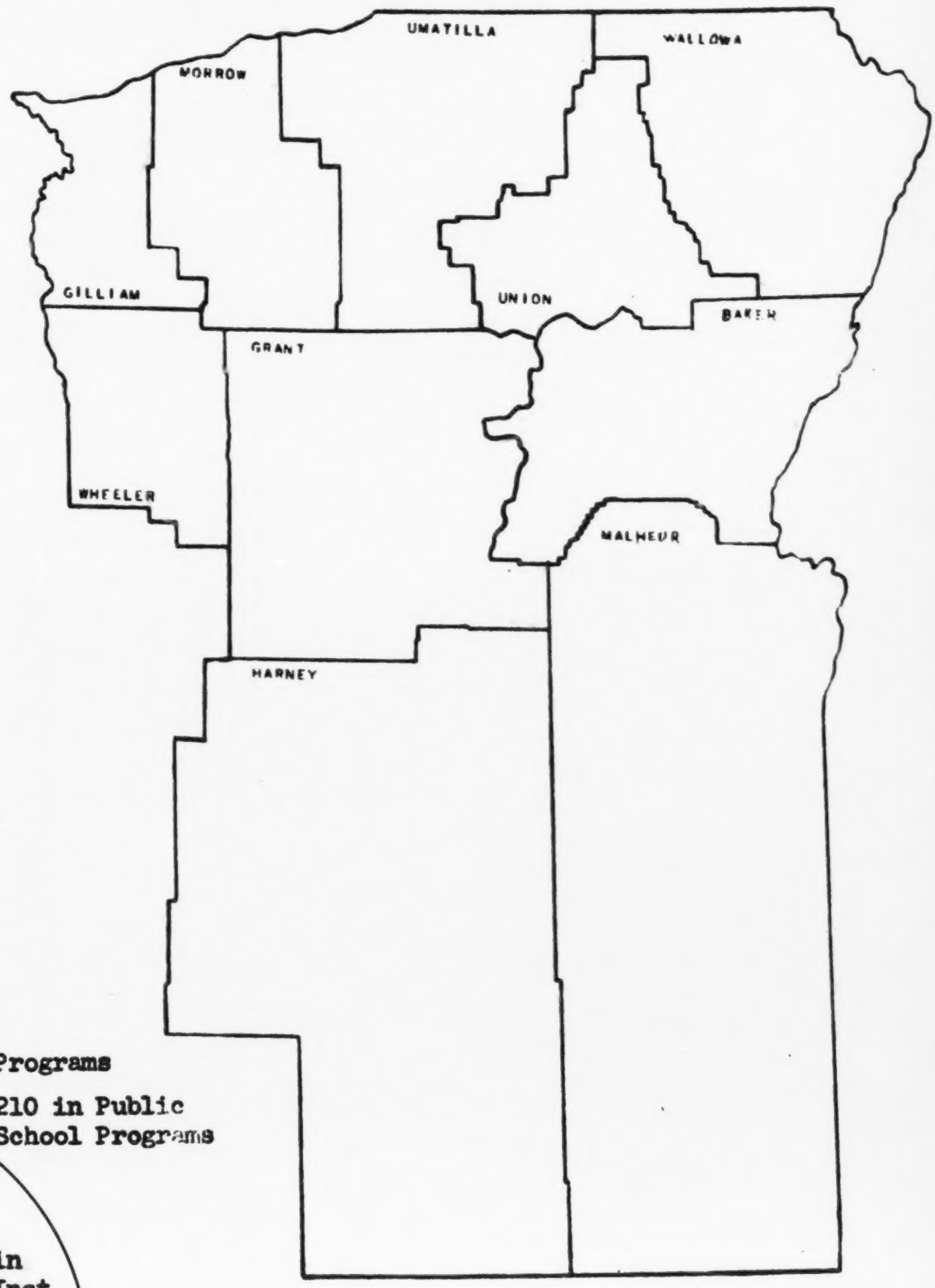
Region IV



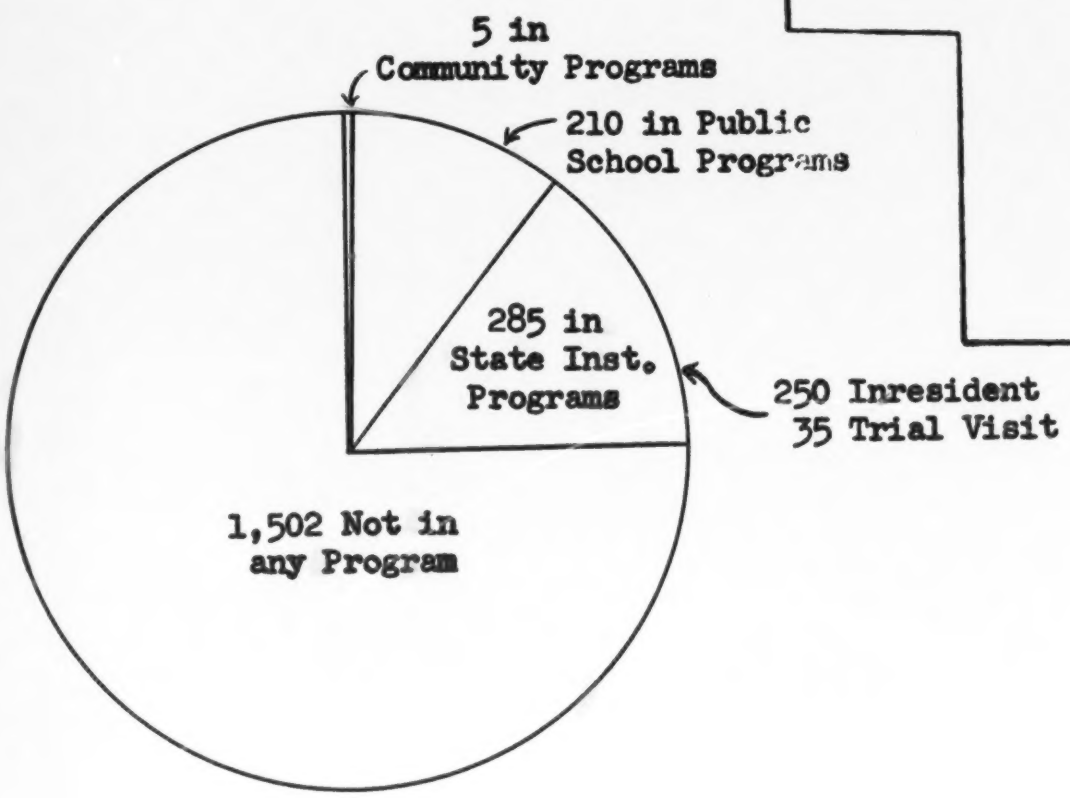
Total Population of 2,693 retarded people



Region V



Total Population of 2,002
retarded people



Program Costs

The following material presents, in summary form, biennial cost estimates for the various programs included in the proposal. The estimates for the various programs are based on certain assumptions which are summarized.

Realism dictates that these programs will have to be "phased in", and will not be fully operational in July 1969. However, the basis for a phasing in component is not clear at this time. Therefore, these are estimates for the first biennium.

A "phase in" factor is included in the cost estimate for administration.

1. Trainable Classes

$1,200 - total cost per year per pupil
- 600 - school district contribution
$ 600 - excess costs payable by Mental Health Division

Average number of pupils per year = 500

$600 x 500 pupils x 2 years--biennial cost $600,000

2. Evaluation and Planning

$200 maximum cost per year per client during first two years

250 clients per year

Estimate $100,000 Mental Health Division costs for planning and evaluation, including initial diagnosis for retarded clients without adequate diagnostic information and who are not in areas served by present diagnostic facilities or where the diagnostic facility needs supplementary funds to develop additional information.

$200 x 250 clients x 2 years $100,000

3. Day Care

$6 per day per child
233 days per year
100 children served first year
200 children served second year

First year:
$6 x 233 days x 100 children = $139,800 ($140,000)

Second Year:
$6 x 233 days x 200 children = $279,600 ($280,000)
$420,000

State Share (50 percent) $210,000

4. Activity Centers

$6 per day per client
100 clients
400 days (biennial)

$6 x 400 days x 100 clients = $240,000

State Share (50 percent) $120,000

5. Foster Homes

$150 per month
100 clients
18 months

$150 x 100 clients x 18 months $270,000

6. Adult Group Homes

$120 per month
50 clients
24 months

$120 x 50 clients x 24 months = $144,000

State Share (50 percent) $ 72,000

7. Sheltered Workshops

A. Subsidized Employment

120 clients
$50 average per month per client with maximum in individual case of $75
24 months

$50 x 120 clients x 24 months = $144,000

B. Training

50 clients
$120 per month
24 months

$120 x 50 clients x 24 months = $144,000

Sheltered Workshops $288,000

8. Administration

A. Mental Health Division central office

1.	Mental Retardation Program Specialist (Education Specialist 6) and Secretary 2 - 24 months, plus S & S and C. O. (*Included in Mental Health Division Improvement Budget: Priority No. 11)	$42,602*
2.	Vocational Rehabilitation Specialist 4 - 24 months	25,080
3.	Executive Assistant 2 - 24 months	21,384
4.	Services and Supplies for 2 and 3	6,470
5.	Capital Outlay for 2 and 3	1,547
		$97,083

B. Regional Offices

Region I

1.	Education Specialist 4 - 22 months	$23,958
2.	Secretary 2 - 22 months	7,889
3.	Education Specialist 2 - 18 months	16,731
4.	Vocational Rehabilitation Specialist 2 - 18 months	14,751
5.	S & S	11,676
6.	C. O.	1,585
		$76,590

Region II

1.	Education Specialist 4 - 18 months	$19,602
2.	Secretary 2 - 18 months	6,455
3.	S & S	4,950
4.	C. O.	1,069
		$32,076

Region III

1. Education Specialist 4	- 18 months	$19,602
2. Secretary 2	- 18 months	6,455
3. S & S		4,950
4. C. O.		1,069
		$32,076

Region IV

1. Education Specialist 4	- 18 months	$19,602
2. Secretary 2	- 18 months	6,455
3. S & S		4,950
4. C. O.		1,069
		$32,076

Region V

1. Education Specialist 4	- 12 months	$13,068
2. Secretary 2	- 12 months	4,303
3. S & S		3,650
4. C. O.		1,069
		$22,090

Total Administration	$ 291,991

Summary

Total Costs	$2,353,991
State Share	$1,951,991

ATTACHMENT A TO PROPOSAL

Governor's Committee on Mental Retardation

Mrs. Joy Hills Gubser, Chairman
Oregon State Department of Education
Salem

Dr. Carl G. Ashley
Oregon State Board of Health
Portland

Dr. Kenneth D. Gaver
Mental Health Division
Salem

Mr. Robert W. Hartley
Oregon State Department of Employment
Salem

Mr. Edward J. Hawes
Bureau of Labor
Portland

Mr. Terrence C. James
Vocational Rehabilitation Department
Salem

Mr. H. Gilbert Johnson
Oregon Association for Retarded Children
Hillsboro

Mrs. John E. Londahl
Region One Representative
Milwaukie

Mr. Donald G. McGregor
Region Four Representative
Grants Pass

Mr. Robert T. McNulty
Oregon Association for Retarded Children
Salem

Dr. Robert H. Mattson
Special Education Programs
Eugene

Dr. Richard W. Olmsted
University of Oregon Medical School
Portland

Dr. James M. Pomeroy
Fairview Hospital and Training Center
Salem

Dr. William W. Quigley
Region Five Representative
Baker

Mr. Raymond W. Riese
Oregon State Public Welfare Commission
Salem

Dr. Richard L. Sleeter
University of Oregon Medical School
Portland

Mr. Robert Stuva
Portland Children's Center
Portland

Mr. Duke D. Whitney
AFL-CIO
Salem

Mr. Kenneth H. Wollenweber
Region Three Representative
Eugene

Mr. Charles J. Nelson, Executive Secretary
Governor's Committee on Mental Retardation
Salem

June 1968

ATTACHMENT B TO PROPOSAL